

Case Number:	CM14-0166992		
Date Assigned:	10/14/2014	Date of Injury:	12/08/2013
Decision Date:	12/31/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/09/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Plastic Reconstructive Surgery and is licensed to practice in Maryland, Virginia, and North Carolina. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 63 year old male with a reported date of injury on 12/8/13 when he fell and suffered a left distal radius fracture treated with open reduction and internal fixation on 12/20/13. Request for authorization dated 9/22/14 was made for occupational therapy x 8 of the left wrist, trial acupuncture x 4 of the left wrist, 3 month trial of a TENS unit, Paraffin wax machine and supplies for home use, Relafen 500mg one po BID, quantity 60, Acetaminophen 325mg on PO TID, quantity 90, Left wrist splint replacement and Consult with a hand surgeon to evaluate left wrist. Hand therapy summary dated 9/22/14 notes range-of-motion is increased, strength is increased and pain is slightly decreased. Pain is increased with work tasks. Recommendation is made to complete the remaining 3 authorized visits. Hand therapy documentation dated 9/25/14 notes the patient is in good spirits, active range of motion is functional and plan is to progress as tolerated. Progress report dated 9/22/14 notes the patient had undergone operative reduction and internal fixation of a left distal radius fracture in 2013. He complains of paresthesias to the left 1st -3rd digits, and ulnar aspect of the forearm. He complains of stiffness of the left wrist. He is using Tylenol and Relafen with good pain control. He is compensating with the right hand. Left wrist is tender to palpation at the scapholunate junction, positive De-Quervain's and CMC joint. Grip strength is decreased on the left. He has been undergoing a home exercise program and passive ROM. The patient is noted to have 7 therapy visits remaining. Requests are made for a continuation of physical therapy, 4 sessions of acupuncture, TENS unit, paraffin wax, Relafen, acetaminophen, wrist splint, consult with hand surgery regarding ORIF distal radius fx and continued use of heat and ice. Progress report dated 8/11/14 notes the patient complains of paresthesias to the left 1st -3rd digits, and ulnar aspect of the forearm. He is using Tylenol and having trouble getting Relafen. He is compensating with the right hand. Left wrist is tender to palpation at the scapholunate junction, and CMC joint with a positive De-Quervain's sign. Grip

strength is decreased on the left. He has been undergoing a home exercise program and passive ROM. The patient is noted to continue hand therapy as recommended. Recommendations are also made for 4 sessions of acupuncture, TENS unit, paraffin wax, Relafen, acetaminophen, wrist splint, consult with hand surgery and continued use of heat and ice. Progress report dated 7/2/14 notes the patient complains of pain to the left wrist and CMC joint. He has been wearing a wrist splint but is worn and no longer providing support. He is using biofreeze cream and Aleve or Motrin. He complains of pain of the right index joint as well. Left wrist is tender to palpation at the scapholunate junction and CMC joint and has a positive De-Quervain's sign. He has a positive Tinel's of the left wrist in the median nerve distribution. Grip strength is decreased on the left. Recommendations are for physical therapy, 4 sessions of acupuncture, TENS unit, paraffin wax, Relafen, acetaminophen, wrist splint, modified work duty and continued use of heat and ice. Documentation from 5/28/14 notes that the patient had completed 14-16 physical therapy visits at the time of his fracture treatment with stated good results. Later he was noted to have issues with pain related to ulnar abutment/TFCC tear and underwent a cortisone injection with transient relief. The patient was noted to have evidence of possible carpal tunnel syndrome as well. His pain is improved with TENS unit, paraffin wax, biofreeze lotion and physical therapy. He takes Aleve or Motrin for pain. Examination of the left wrist notes restricted range of motion and decreased strength with positive Tinel's, carpal compression and Finkelstein's signs. Recommendation is to review the EMG study performed in April and to perform conservative management including a home exercise program, activity modification, 1 month TENS trial, hand therapy(2x4), acupuncture(trial 4 sessions), paraffin wax, and medical management (Naproxen and acetaminophen). Documentation from hand surgery dated 5/2/14 notes that the patient is seen in follow-up of his left distal radius fracture. He is noted to have signs and symptoms of possible left carpal tunnel syndrome, but with negative electrodiagnostic studies for nerve entrapment. A cortisone injection was administered into the carpal tunnel. Documentation from hand surgery dated 4/18/14 notes that the patient continues to have left wrist pain and had had some relief with a previous cortisone injection. He has evidence of cubital tunnel and carpal tunnel as well as ulnar impaction. Surgical intervention, including wrist arthroscopy/ulnar shortening osteotomy, was discussed. He would need to regain his motion prior to surgical intervention. Documentation from hand surgery dated 3/28/14 notes that the patient continues to have left wrist pain and signs and symptoms of carpal tunnel syndrome. Symptoms were noted after removal of his splint following surgery. He has evidence of carpal tunnel as well as ulnar impaction/TFCC tear. A cortisone injection was performed to the left wrist at the ulnocarpal wrist. UR review dated 9/29/14 did not certify the requests.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Occupational therapy x 8 sessions, left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: The patient is a 63 year old with chronic left wrist pain following previous open reduction and internal fixation of a left distal radius fracture. From the medical documentation provided, the patient has 7 remaining authorized physical therapy visits as of the date of the request for authorization. Thus, the patient should complete these and be re-assessed from a functional standpoint prior to authorizing further physical therapy. Thus, an additional 8 occupational therapy visits should not be considered medically necessary. Physical Medicine Guidelines -Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks.

Trial acupuncture x 4 visits, left wrist: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient is noted to have chronic left wrist pain and is currently undergoing physical therapy. Hand therapy notes improvement in his functional status, but continues to have pain worsened with activity. From Acupuncture Medical Treatment Guidelines: "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. There is no evidence that the patient is not tolerating the pain medication or that it needs to be reduced. However, the patient is actively undergoing physical therapy (a form of physical rehabilitation), has improvement in his function, but not significantly with his pain. Thus, an acupuncture trial should be considered medically necessary as an adjunctive treatment. The UR apparently did not have access to the hand therapy medical documentation that noted the above findings.

TENS unit, 3 month trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The patient had requested a 3 month trial of TENS therapy for his chronic left wrist pain. From Chronic pain treatment guidelines, TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. Thus, based on these recommendations and with the patient currently undergoing functional improvement, a one month trial may be reasonable. However, a 3 month trial would not be considered medically necessary.

Paraffin wax machine and supplies for home use: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and hand, Paraffin Wax Bath

Decision rationale: As documented by the utilization reviewer, paraffin wax may be useful for arthritic conditions as outlined by ODG in Forearm, wrist and hand. There is no evidence provided in the medical records provided for review that suggest an arthritic condition. Thus, a paraffin wax bath should not be considered medically necessary.

Relafen 500mg one po BID, quantity 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: The patient has been currently treated with Relafen. The patient had been documented to have had good pain control with this medication and Tylenol from the most recent evaluation on 9/22/14. The guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The quantity requested and dosage is consistent with a one month period. The patient has moderate to severe pain and is showing functional improvement and lessening pain. There should be continued documentation of functional response to the medical management to warrant further use. The UR stated that there was no documentation of subjective or objective benefit from use of this medication. However, as stated, this was directly addressed with documentation from 9/22/14. Thus, Relafen 500 mg BID x 60 should be considered medically necessary.

Acetaminophen 325mg on PO TID, quantity 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroid anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen Page(s): 11.

Decision rationale: The patient has been on Acetaminophen and is noted to have had subjective benefit from this medication and Relafen. The patient is also noted to be improving functionally with physical therapy. From Chronic pain treatment guidelines, page 11, acetaminophen is

recommended for treatment of chronic pain & acute exacerbations of chronic pain. With new information questioning the use of NSAIDs, acetaminophen should be recommended on a case-by-case basis. The treatment shall be provided as long as the pain persists beyond the anticipated time of healing and throughout the duration of the chronic pain condition. The duration of continued medication treatment for chronic pain depends on the physician's evaluation of progress toward treatment objectives, efficacy, and side effects as set forth in the Introduction of these guidelines at page 8. Thus, it is medically necessary to continue Acetaminophen 325 one PO TID as the patient is documented to continue to have chronic pain, but is making functional gains and it has been shown to provide benefit for this patient. The UR stated that there was no documentation of subjective or objective benefit from the use of this medication. However, this was directly addressed with documentation from 9/22/14.

Left wrist splint replacement: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: The patient has evidence of chronic pain and has been undergoing a documented comprehensive conservative management plan. The patient has been using a left wrist splint while at work. In addition, he has been undergoing conservative management of physical therapy, home exercise program, medical management and other modalities. He is noted to be making functional progress. His pain is noted to increase with activity and thus, continued splinting is medically necessary with activities especially while at work, as long he continues a home exercise program and completes his physical therapy. From ACOEM, Table 11-7, page 272, rest and immobilization is recommended for treatment of hand, forearm and wrist complaints. Prolonged splinting is optional but may lead to weakness and stiffness. The patient is noted to have increased his range-of-motion and his strength from hand therapy notes. These notes may not have been available for the UR. The UR states prolonged use of a wrist splint is not indicated as this may lead to disuse atrophy. Based on the medical records reviewed, the patient uses the splinting for work and is undergoing physical therapy and a home exercise program. His range-of-motion is noted to have increased. Thus, there is no evidence that he is heading towards disuse atrophy. Therefore this request is medically necessary.

Consult with a hand surgeon to evaluate left wrist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, Independent medical examination and consultations

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: The patient is noted to have suffered a left distal radius fracture treated operatively. He has been documented to have left wrist chronic pain and previously diagnosed with ulnar abutment/possible TFCC tear. He has undergone a comprehensive conservative management program including splinting, steroid injections, physical therapy, worksite modification, home exercise program and medical management. From ACOEM, page 270, Referral for hand surgery consultation may be indicated for patients who: Have red flags of a serious nature, Fail to respond to conservative management, including worksite modifications, Have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. Thus, as the patient continues to have chronic pain and has failed conservative management, evaluation by hand surgery should be considered medically necessary. The patient may have a surgically correctible condition. The UR states that conservative management has not been documented. The medical records for this review, that may not have been available to the UR, adequately document this. Therefore this request is medically necessary.