

<b>Case Number:</b>	CM14-0185977		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	07/07/2014
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 Orthopedic Surgery and is licensed to practice in California. 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:

Patient is a 41-year-old right handed male who is chronic right wrist pain. The patient also complains of numbness and tingling in the fingers. On physical examination the right wrist reveals positive carpal tunnel compression test. Tinel sign is negative. There is swelling of the radiocarpal joint and some swelling around the wrist. Examination of the elbow is negative for Tinel's and ulnar stretch test. Electrodiagnostic studies were performed in August 2014 and demonstrated right carpal tunnel syndrome. The patient is diagnosed with right wrist tendinitis and carpal tunnel syndrome. At issue is whether additional treatment measures are medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 weeks for 6 weeks:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS hand pain chapter

**Decision rationale:** Guidelines do not recommend physical therapy twice a week for 6 weeks for carpal tunnel syndrome. This is excessive with respect to MTUS guidelines. In addition, a short course of physical therapy is necessary and document improvement must be demonstrated prior to allowing additional physical therapy. There is no documentation of improvement with physical therapy in the medical records. Therefore physical therapy 2 times a week for 6 weeks is not supported by guidelines and not medically necessary.

**MRI Right Wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG, Forearm, Wrist & Hand

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS hand pain chapter

**Decision rationale:** MRI of the right wrist is not medically necessary at this time. There is no documentation of a detail clinical examination or plain radiographs indicate there is a concern for fracture or any sort of vascular necrosis or instability that would warrant MRI scan of the right wrist. The patient has been diagnosed with carpal tunnel syndrome. MRI of the right wrist is not medically necessary.

**Ibuprofen cream 10% 6gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS chronic pain treatment guidelines

**Decision rationale:** The medical records do indicate that the patient has gastrointestinal problems that may preclude the use of oral anti-inflammatories. Guidelines do not address use of ibuprofen cream. The medical literature does not addressed effectiveness of ibuprofen cream. The medicine remains of dubious efficacy based on current medical literature. Since guidelines do not support the use of ibuprofen cream, and the medical records do not demonstrate that the patient has had adequate conservative measures to include a trial of splinting or injection therapy in the carpal tunnel region, the use of ibuprofen cream is considered experimental and not medically necessary.

**Cyclobenzaprine cream 2% 60gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS chronic pain treatment guideline

**Decision rationale:** Cyclobenzaprine is a muscle relaxants. The medical literature does not support the use of muscle relaxants for chronic wrist or hand pain. Guidelines do not support the use of cyclobenzaprine cream for hand pain or wrist pain.