

<b>Case Number:</b>	CM14-0020094		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	05/05/2011
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	01/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 injured worker is a 45-year-old male who reported an injury on 05/05/2011; the mechanism of injury was reported as a fall. Within the clinical note dated 11/27/2013, the injured worker reported lumbar pain rated 7/10, left wrist pain rated 4/10, and right wrist pain rated 6/10. It was noted that the injured worker has received acupuncture, occupational therapy, physical therapy, work conditioning, work hardening, and surgical interventions to the wrist. On 11/07/2013, it was revealed that, upon physical examination through grip testing, the right hand tested 6 pounds for 3 consecutive tests. It was further revealed in the physical examination that the injured worker had positive tenderness, intact sensation, no instability, and no swelling or erythema present. The listed diagnoses include status post left carpal tunnel release and status post hardware removal. The treatment plan included x-rays, a CT scan, and physical therapy for the right wrist without a rationale provided. The rest of the handwritten progress note was illegible. The Request for Authorization was not provided within the submitted medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 3 TIMES A WEEK FOR 3 WEEKS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The request for physical therapy 3 times a week for 3 weeks is not medically necessary. The California MTUS Guidelines recommend physical therapy in the presence of documented objective functional deficits. Furthermore, the guidelines state that physical therapy is indicated for neuralgia or neuritis for 8 visits to 10 visits over 4 weeks. The injured worker has had previous documentation of physical therapy completed in late 2013; however, the number of sessions the injured worker completed and the outcomes of the therapy to assure there were documented functional gains were not provided within the submitted medical records. Furthermore, in the last documented physical exam of the right wrist, it was revealed that there were no significant documented functional deficits. Without further documentation to show previous physical therapy sessions had produced objective functional gains, further documentation of how many visits the injured worker has already completed, and documentation to discuss extenuating circumstances to certify more sessions than the guidelines recommend, at this time the request cannot be supported by the guidelines. As such, the request is not medically necessary.

**RIGHT WRIST X-RAY, 3 VIEWS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** The request for RIGHT WRIST X-RAY, 3 VIEWS is not medically necessary. The California MTUS/ACOEM Guidelines state that, for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 week to 6 week period of conservative care and observation. It further states that most patients improve quickly, provided red flag conditions are ruled out. As indicated by table 11-6 for radiography, it is not indicated unless there are questions of diagnosing carpal tunnel syndrome, ganglion cysts, or lytic lesions. Throughout the documentation, there were no reported red flags or an indication of diagnoses that would be recommended by the guidelines. Without further documentation of significant pathology to show that a change in condition has occurred or a diagnosis that would be supported by the guidelines to indicate more radiographic studies, the request cannot be supported at this time. As such, the request is not medically necessary.

**CT SCAN OF THE RIGHT WRIST WITH 3D RECONSTRUCTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation ODG Forearm, Wrist, and Hand Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** The request for CT scan of the right wrist with 3d reconstruction is not medically necessary. The California MTUS/ACOEM Guidelines state that, in the case of wrist injury presented with true hand and wrist problems, special studies are not needed until after a 4 week to 6 week period of conservative care and observation. In addition, the guidelines state that most patients improve quickly, provided red flag conditions are ruled out. Within the guidelines' table 11-6, CT scans are not indicated unless there are questions of lytic lesions. Throughout the documentation, there was no indication of any red flags or diagnoses that indicated a lytic lesion that the guidelines would support as recommending a CT scan. Without further documentation to show that there is a presence of a red flag condition or lytic lesions that the guidelines would support the utilization of a CT scan, the request cannot be supported by the guidelines at this time. As such, the request is not medically necessary.