

Case Number:	CM14-0026760		
Date Assigned:	06/13/2014	Date of Injury:	04/20/2013
Decision Date:	08/11/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/03/2014

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 and Rehabilitation 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:

The injured worker is a 42 year old male who reported an injury on 04/20/2013 from an electrical saw cutting his right wrist. The injured worker had a history of pain to the right wrist and left side of his forearm and left thigh. Upon examination on 09/26/2013, the injured worker complained of headaches that were throbbing and aching associated with left eye pain. The pain is relieved with medication. The injured worker also complained of right hand/wrist pain that radiated to the fingers described as pins and needles, aching, sharp, and shooting. The pain was exacerbated by occasional lifting, carrying, pushing/pulling, gripping/grasping, pinching, squeezing, torquing and fine manipulation. The pain was relieved by medication. On examination of the right wrist, there was light to moderate edema noted throughout the wrist proper and dorsum of the hand. Range of motion is accomplished with palmar flexion of 40/45 degrees, dorsiflexion of 50 degrees, radial deviation of 10 degrees, and ulnar deviation of 20 degrees. There was moderate pain with range of motion. The Tinel's sign was questionable. The examination of the right hand revealed was positive for tenderness over the dorsal aspect of the 3rd, 4th, and 5th metacarpal bones and respective metacarpophalangeal joints. Range of motion over the proximal PIP joint of the index finger revealed flexion of 100 degrees and extension of 30 degrees; middle finger with flexion of 50 degrees and extension of 20 degrees; ring finger with flexion of 70 degrees and extension of 20 degrees; and little finger with flexion of 70 degrees and extension of 20 degrees. Range of motion over the metacarpophalangeal joint of the index finger revealed flexion of 90 degrees and extension of 20 degrees; middle finger flexion of 50 degrees and extension of 10 degrees; ring finger flexion of 60 degrees and extension of 15 degrees; and little finger flexion of 70 degrees and extension of 20 degrees. Range of motion at the distal interphalangeal joint of the index finger revealed flexion of 90 degrees and extension of 30 degrees; middle finger flexion of 40 degrees and extension of 20

degrees; ring finger flexion of 40 degrees and extension of 20 degrees; little finger flexion of 50 degrees and extension of 30 degrees. There was pain with range of motion in all planes and with tremor at digits 3, 4, and 5. The injured worker had diagnosis of status post concussion syndrome with cephalgia and transient forgetfulness, status post contusion left side of forehead with concussion syndrome, status post laceration right wrist with suturing, rule out carpal tunnel syndrome, tendonitis digits 3, 4, and 5 on the right, and status post right upper extremity neuropathy secondary to laceration/suturing at the wrist. An x-ray of the right wrist and hand was ordered to rule out bony pathology contributing to chronic pain that had persisted more than 6 weeks. No prior treatments were mentioned within documentation. No current medication list was documented. The treatment plan is for retrospective x-ray of the right wrist, retrospective 8 physical therapy visits consisting of infrared directed to the right hand and wrist, and retrospective 8 physical therapy visits consisting of pulsed ultrasound directed to the right wrist and hand. The request for authorization is dated 10/03/2013. The provider's rationale for treatment is within the documentation on 09/26/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE X-RAY OF RIGHT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 267-268.

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

Decision rationale: The injured worker has a history of pain to the right hand and wrist. The medical records provided for review indicated the injured worker was status post concussion syndrome and status post laceration of the right wrist. The injured worker had received a prior x-ray of the right wrist in 05/2013 that was normal. The requested x-ray of the wrist was not appropriate on the date of service. The ACOEM Guidelines state that when initial radiographs are equivocal or in the interest of certain clinical or radiographic findings further imaging is appropriate. For most patients presenting with true hand and wrist problems, special studies are not needed until after a 4- to 6-week period of conservative care and observation. The records indicate that the patient had 2 prior x-rays in 04/2013 and 05/2013 that were normal. The documentation does not indicate the injured worker had experienced new symptoms that would warrant a third x-ray. As such, the request is not medically necessary and appropriate.

RETROSPECTIVE 8 PHYSICAL THERAPY VISITS CONSISTING OF INFRARED DIRECTED TO THE RIGHT HAND AND WRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low-Level Laser Therapy (LLLT) Page(s): 57.

Decision rationale: The MTUS Chronic Pain Guidelines state that there has been interest in using low-level lasers as a conservative alternative to treat pain, but its effectiveness is still controversial based on insufficient data. Despite some positive findings, data is lacking on how the effectiveness of low-level lasers is affected by four important factors: wavelength, treatment duration of low level laser treatment, and dosage site of application over nerves instead of joints. There is clearly a need to investigate the effects of these factors on treatment effectiveness for osteoarthritis in randomized controlled clinical trials. Therefore, as this treatment is still under study and not recommended by the MTUS Guidelines at this time, the request is not medically necessary and appropriate.

RETROSPECTIVE 8 PHYSICAL THERAPY VISITS CONSISTING OF PULSED ULTRASOUND DIRECTED TO THE RIGHT WRIST AND HAND: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Ultrasound therapeutic Page(s): 98-99, 123.

Decision rationale: The MTUS Chronic Pain Guidelines state the use of ultrasound is not recommended. Therapeutic ultrasound is one of the most widely and frequently used electrophysical agents. The effectiveness of ultrasound for treating people with pain, musculoskeletal injuries, and soft tissues lesions remains questionable. There is little evidence that active therapeutic ultrasound is more effective than placebo ultrasound for treating people with pain or a range of musculoskeletal injuries or for promoting soft tissue healing. As the MTUS Chronic Pain Guidelines do not support the use of ultrasound or isolated use of passive modalities, the request is not medically necessary and appropriate.