

Case Number:	CM14-0198903		
Date Assigned:	12/09/2014	Date of Injury:	06/04/2013
Decision Date:	01/26/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/26/2014

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 Rehab, has a subspecialty in Interventional Spine, 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 patient is a 38 year old female with an injury date of 06/04/13. Based on the progress report dated 10/07/14, the patient complains of clicking and popping pain in the left shoulder, elbow and wrist. The pain, rated at 6-7/10, is accompanied with weakness. Physical examination reveals pain and crepitus on range of motion in the left shoulder along with positive supraspinatus test on the left. Examination of the right wrist and hand reveals positive Tinel's over the Carpal Tunnel region on the right. There is a modified Phalen's test on the left with pain along with 3+ tenderness over the volar aspect of the left wrist with pain on the ulnar side. In progress report dated The patient has been allowed to return to work with restrictions, as per progress report dated 10/07/14. X-ray of the Left Wrist, 08/04/14: Smooth osseous opacity with hyperdense margin adjacent to the head of the ulna consistent with remote ulnar styloid fracture. Diagnoses, 10/07/14:- Left wrist sprain/strain, rule out carpal tunnel syndrome- Possible carpal tunnel syndrome on the right- Left shoulder impingement syndrome, rule out internal derangement The treater is requesting for (a) MRI LEFT WRIST (b) HOME TENS AND X-FORCE UNIT (c) PHYSICAL THERAPY 2 X 3 LUE. The utilization review determination being challenged is dated 11/03/14. The rationale follows:(a) MRI LEFT WRIST - "There is no indication of any plain films taken of the left wrist, which would be requirement prior to MRI for chronic conditions like this."(b) HOME TENS AND X-FORCE UNIT - "ODG guidelines do not recommend TENS for forearm, wrist and arm complaints."(c) PHYSICAL THERAPY 2 X 3 LUE - "...ODG guidelines only recommend up to three treatments for a carpal tunnel syndrome." Treatment reports were provided from 08/14/13 - 10/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Forearm, Wrist, & Hand (Acute & Chronic), MRI's (magnetic resonance imaging).

Decision rationale: The patient presents with clicking and popping pain in the left shoulder, elbow and wrist, rated at 6-7/10, along with weakness, as per progress report dated 10/07/14. The request is for MRI LEFT WRIST. ODG Guidelines, 'Forearm, Wrist, & Hand (Acute & Chronic)' chapter, topic 'MRI's (magnetic resonance imaging)'. States that Magnetic resonance imaging has been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination of the osseous and soft tissue structures. It may be diagnostic in patients with triangular fibrocartilage (TFC) and intraosseous ligament tears, occult fractures, avascular neurosis, and miscellaneous other abnormalities. - Chronic wrist pain, plain films normal, suspect soft tissue tumor- Chronic wrist pain, plain film normal or equivocal, suspect Kienbck's disease- Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008). Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In progress reports dated 10/07/14, the treater states that "This is a second request for authorization for a left elbow and left wrist MRIs to rule out internal derangement/TFCC tears." As per QME report dated 07/12/14, the patient had an MRI of the left wrist on 09/16/13 that reveals "an old trauma/fracture at the base of the ulnar styloid process," but was otherwise unremarkable. The progress reports do not indicate any significant changes in symptoms or findings. The patient is not post-op; there are no red flags and the patient does not present with a new injury to warrant a new set of MRI's. Based on ODG guidelines, this request IS NOT medically necessary.

Home TENS and X-force unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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, & Hand (acute & chronic) Chapter, TENS (transcutaneous electrical stimulator).

Decision rationale: The patient presents with clicking and popping pain in the left shoulder, elbow and wrist, rated at 6-7/10, along with weakness, as per progress report dated 10/07/14. The request is for HOME TENS AND X-FORCE UNIT. Hand/wrist ODG-TWC guidelines, chapter 'Forearm, Wrist, & Hand (acute & chronic)' and topic 'TENS (transcutaneous electrical

stimulator', states the following regarding TENS for forearm and hand/wrist pain: "Not recommended. Transcutaneous electrical neurostimulation (TENS) units have no scientifically proven efficacy in the treatment of acute hand, wrist, or forearm symptoms, but are commonly used in physical therapy. (Milliman, 1998) There are conflicting effects of TENS on pain outcomes in patients with arthritis in the hand. Acupuncture-like TENS (AL-TENS) may be beneficial for reducing pain intensity and improving muscle power scores over placebo while, conversely, Conventional TENS (C-TENS) resulted in no clinical benefit on pain intensity compared with placebo. Not all patients tolerate AL-TENS, however, as it is reported to be uncomfortable, even though it may be more efficacious than C-TENS." The request for the TENS unit is seen in progress report dated 10/07/14. While the treater discusses the general benefits of the unit, there is no documentation of the actual in purpose in this patient. ODG guidelines recommend against the use of TENS unit for wrist and hand symptoms. This request IS NOT medically necessary.

Physical therapy 2 x 3 LUE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The patient presents with clicking and popping pain in the left shoulder, elbow and wrist, rated at 6-7/10, along with weakness, as per progress report dated 10/07/14. The request is for PHYSICAL THERAPY 2 X 3 LUE. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In progress report dated 10/07/14, the treater states that the patient has received 6 sessions of physical therapy. The request for additional 6 sessions is for "strength training, increasing the range of motion, and decreasing the pain." The treater states that physical therapy has helped the patient in the past but is not sure of the number of sessions she has received. MTUS guidelines allow 8 to 10 sessions for non-operative patients. The new request for 6 sessions exceeds that limit. This request IS NOT medically necessary.