

<b>Case Number:</b>	CM15-0105927		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	09/18/2013
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Maryland, Virginia, North Carolina  
 Certification(s)/Specialty: Plastic Surgery

### 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 35 year old female who sustained an industrial injury on 09/18/13. Initial complaints and diagnoses are not available. Treatments to date include medications, and right wrist surgery. Diagnostic studies include x-rays, unspecified MRIs, and electrodiagnostic studies of the upper extremities, none of which are available for review in the submitted documentation. Current complaints include numbness, tingling, and pain in the bilateral hands. Current diagnoses include status post right wrist surgery and left carpal tunnel syndrome. In a progress note dated 03/25/15 the treating provider reports the plan of care as physical therapy, bilateral wrist x-rays, MRIs of the bilateral wrists, upper extremity electrodiagnostic studies, and a pain medicine consultation. The requested treatments include physical therapy, bilateral wrist x-rays, MRIs of the bilateral wrists, upper extremity electrodiagnostic studies, and a pain medicine consultation.

### 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 6 weeks to the right and left wrists: Upheld**

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

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

**Decision rationale:** The patient is a 35 year old female with chronic pain of the bilateral wrists that is affecting her function. This has been treated with conservative management of splinting, medical management, physical therapy and activity modification. However, there has not been a recent physical therapy program documented. Therefore, with the patient's progression/non-resolution of her pain, continued physical therapy can be considered based on the following guidelines: Physical Medicine Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) 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; 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. Based on these guidelines, the request is not medically necessary.

**Carpal tunnel release (left):** Upheld

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

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

**Decision rationale:** The patient is a 35 year old female who has signs and symptoms of possible left carpal tunnel syndrome, including numbness, positive Phalen's and Tinel's signs over her history. She has failed conservative management of NSAIDs, splinting, activity

modification and physical therapy. Previous electrodiagnostic studies are stated to report findings of a moderate left carpal tunnel syndrome. However, consideration for a steroid injection into the carpal canal has not been documented. From ACOEM, page 272, Chapter 11, Table 11-7, injection of corticosteroids into the carpal tunnel is recommended in mild to moderate cases of carpal tunnel syndrome after trial of splinting and medication. As the patient does not have evidence of a severe condition, consideration for a steroid injection is recommended. Therefore, the request is not medically necessary.

**Magnetic resonance imaging (MRI) of the bilateral wrists:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI forearm wrist and hand.

**Decision rationale:** The patient is a 35 year old female with bilateral chronic wrist pain that has failed conservative management. Based on the documentation provided, it appears that plain x-rays of the wrists had been ordered. The results from these studies had not been documented in the medical records provided for this review. Thus, MRIs of the wrists should be considered premature, until the results of the plain radiographs are known or documented. If these results do not help to clarify the patient's condition, then MRIs of the wrists could be reconsidered. From ODG, Forearm, Wrist and Hand, MRI: Recommended as indicated below. While criteria for which patients may benefit from the addition of MRI have not been established, in selected cases where there is a high clinical suspicion of a fracture despite normal radiographs, MRI may prove useful. (ACR, 2001) (Schmitt, 2003) (Valeri, 1999) (Duer, 2007) 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. Many articles dispute the value of imaging in the diagnosis of ligamentous tears, because arthroscopy may be more accurate and treatment can be performed along with the diagnosis. (Dalinka, 2000) (Tehranzadeh, 2006) For inflammatory arthritis, high-resolution in-office MRI with an average follow up of 8 months detects changes in bony disease better than radiography, which is insensitive for detecting changes in bone erosions for this patient population in this time frame. (Chen, 2006) See also Radiography. Specific indication: Chronic wrist pain, plain films normal, suspect soft tissue tumor; Chronic wrist pain, plain film normal or equivocal, suspect Kienbeck'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) Therefore based on ODG guidelines, if the plain films are normal, then consideration could be given for MRI of the bilateral wrists. The request is not medically necessary.

**Pain medicine follow-up consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs Page(s): 31 and 32.

**Decision rationale:** The patient is a 35 year old female with chronic pain of the bilateral wrists that is affecting her function. This has been treated with conservative management of splinting, medical management, physical therapy and activity modification. Based on the medical records provided, this is a complex case of chronic pain and should be followed by chronic pain management. Therefore, follow-up consultation should be considered medically necessary. Criteria for the general use of multidisciplinary pain management programs: Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability. Therefore the request is medically necessary.