

Case Number:	CM15-0108270		
Date Assigned:	06/12/2015	Date of Injury:	12/27/2013
Decision Date:	07/17/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/04/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female, who sustained an industrial injury on 12/27/13. She reported pain in left hand/wrist. The injured worker was diagnosed as having sprain of ulnar carpal ligament of left wrist and decreased sensation in ulnar nerve distribution, rule out ulnar nerve entrapment of left wrist. Treatment to date has included physical therapy, 16 sessions of acupuncture, cortisone injection to left wrist and activity restrictions. Currently, the injured worker complains of pain in ulnar aspect of left wrist with numbness in ulnar border of left wrist as well as in left ring and pinky fingers and some loss of motion. She is temporarily totally disabled. Physical exam noted decreased skin pigmentation in the ulnar border of left wrist, localized tenderness in area of ulnar carpal ligament and decreased sensation in ulnar nerve distribution of left hand. The treatment plan included prescription for Terocin pain patches, (EMG) Electromyogram of upper extremity and (MRI) magnetic resonance imaging of left wrist report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Updated MRI Left wrist: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Forearm, Wrist, Hand (Acute & Chronic) chapter, MRI's (Magnetic Resonance Imaging).

Decision rationale: The patient presents with LEFT wrist pain. The request is for UPDATED MRI LEFT WRIST. The request for authorization is not provided. X-ray of the LEFT wrist, date unspecified, shows normal relation of the distal radius, ulna and carpal bone. There are no fractures seen. There are no gross arthritic changes identified. Physical examination of the LEFT wrist/hand reveals decreased skin pigmentation in the ulnar border of the LEFT wrist. There is associated localized tenderness in the area of the ulnar carpal ligament. Range of motion of the LEFT wrist reveals a slight limitation in dorsiflexion and palmar flexion. There is decreased sensation in the ulnar nerve distribution of the LEFT hand compared to the median nerve distribution. Patient has had 14 sessions of physical therapy, 16 sessions of acupuncture and one cortisone injection at the ulnar aspect of the LEFT wrist. Patient's medication includes Tramadol. Per progress report dated 05/11/15, the patient is temporarily totally disabled. ODG guidelines, chapter Forearm, Wrist, Hand (Acute & Chronic) and title MRI's (Magnetic Resonance Imaging), state 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." 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) Treater does not discuss the request. In this case, patient continues with severe chronic LEFT wrist pain. Given the patients symptoms and physical examination findings, ODG guidelines advocates the use of MRI imaging to perform a global examination. However, UR letter dated 05/29/15, notes a prior MRI of the LEFT wrist dated 02/27/14. ODG does not routinely recommend a repeat MRI. In addition, treater does not document any significant change in the patient's symptoms to warrant an updated MRI of the LEFT wrist. Therefore, the request IS NOT medically necessary.

Terocin patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches Topical analgesic Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm patches.

Decision rationale: The patient presents with left wrist pain. The request is for TEROGIN PATCHES. The request for authorization is not provided. X-ray of the left wrist, date unspecified, shows normal relation of the distal radius, ulna and carpal bone. There are no fractures seen. There are no gross arthritic changes identified. Physical examination of the left wrist/hand reveals decreased skin pigmentation in the ulnar border of the left wrist. There is associated localized tenderness in the area of the ulnar carpal ligament. Range of motion of the

left wrist reveals a slight limitation in dorsiflexion and palmar flexion. There is decreased sensation in the ulnar nerve distribution of the left hand compared to the median nerve distribution. Patient has had 14 sessions of physical therapy, 16 sessions of acupuncture and one cortisone injection at the ulnar aspect of the left wrist. Patient's medication include Tramadol. Per progress report dated 05/11/15, the patient is temporarily totally disabled. MTUS guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. Treater does not specifically discuss this medication. In this case, the patient has localized peripheral pain, for which topical lidocaine patch would be indicated. However, treater does not discuss how it is used and with what efficacy. Furthermore, the treater has not provided any documentation showing evidence of a trial of first-line therapy. Therefore, the request IS NOT medically necessary.