

Case Number:	CM15-0142219		
Date Assigned:	08/03/2015	Date of Injury:	06/05/2014
Decision Date:	09/28/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/22/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 27-year-old female, who sustained an industrial injury on June 5, 2014 while working as a vineyard laborer. The injury occurred while the injured worker was tying grape leaves and branches with coworkers and was struck with a pulled branch in the right hand. The injured worker experienced immediate strong pain and swelling in the right wrist. The diagnoses have included complex regional pain syndrome of the right upper extremity, spasms and strain of the wrist, pain right wrist, ulnar impaction syndrome and rule out brachial plexus irritation. Treatment and evaluation to date has included medications, radiological studies, MRI, computed tomography scan, electrodiagnostic studies, wrist injection, transcutaneous electrical nerve stimulation unit and physical therapy. An MRI dated August 8, 2014 noted a pinhole communicating defect-tear in the region of the triangular fibrocartilage complex. A computed tomography scan of the right wrist dated September 12, 2014 was unremarkable. The injured workers work status was noted to be temporarily totally disabled. Medications include Neurontin, Tylenol with codeine # 3 and Menthoderm. Current documentation dated July 8, 2015 notes that the injured worker reported constant right wrist pain, which was characterized as sharp and throbbing. The pain was worse with activity or movement. Examination of the right wrist revealed no swelling, erythema or deformity. No limitation was noted with range of motion. A Tinel's sign and Phalen's sign were negative. Tenderness to palpation was noted over the ulnar side. Strength and sensation were intact. Documentation dated July 1, 2015 notes that the injured worker denied using an exercise band, applying heat-cold to the affected area, walking or using a transcutaneous electrical nerve stimulation unit. The treating physician's plan

of care included requests for an MRI of the right wrist and hand, a four lead transcutaneous electrical nerve stimulation unit conductive garment, a hot-cold wrap and Aciphex 220 mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast, right wrist & hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRI (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268, 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand (Acute and Chronic), MRI (magnetic resonance imaging).

Decision rationale: The ACOEM Guidelines, Forearm, Wrist and Hand Complaints Chapter states that for most patients presenting with true hand and wrist problems, special studies are not needed until after a four to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. Exceptions include a wrist injury with snuff box (radial-dorsal wrist) tenderness and an acute injury to the metacarpophalangeal joint of the thumb, accompanied by tenderness on the ulnar side of the joint and laxity when that side of the joint is stressed may indicate a gamekeeper thumb or rupture of the ligament at that location. Imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. The Official Disability Guidelines state that in selected cases where there is a high suspicion of a fracture despite normal radiographs, the addition of an MRI may be useful. "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 interosseous 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." In this case, the injured worker had chronic right wrist pain. An MRI dated August 8, 2014 noted a pinhole communicating defect-tear in the region of the triangular fibrocartilage complex. There was no indication in the medical records as to the need for another MRI of the right wrist, such as a significant change in symptoms or new findings on physical examination. The request for an MRI of the right wrist and hand is not medically necessary.

Four (4) lead TENS unit conductive garment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation unit (chronic pain) Page(s): 114-116.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that a transcutaneous electrical nerve stimulation unit (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions including neuropathic pain, complex regional pain syndrome I and II, phantom pain, spasticity in spinal cord injury and multiple sclerosis patients with pain and muscle spasm. "While TENS unit may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive. The published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief and they do not answer questions about long-term effectiveness. Criteria for the use of a transcutaneous electrical nerve stimulation unit for chronic intractable pain includes documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a one-month trial period of the TENS unit should be documented with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Other ongoing pain treatment should also be documented during the trial period including medication usage, a treatment plan including the specific short-and long-term goals of treatment with the TENS unit should also be submitted." In this case, the injured worker had chronic right wrist pain. The documentation supports the injured worker had denied exercising, using heat-cold applications to the area, walking or using a transcutaneous electrical nerve stimulation unit. The treating physician requested a four lead TENS unit conductive garment. There is lack of documentation in the medical records of how often the unit was used, as well as outcomes in terms of pain relief and function. Therefore, the request for a four lead TENS unit conductive garment is not medically necessary.

Hot & cold wrap: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

Decision rationale: Per ACOEM in the MTUS, physical therapeutic interventions recommended include at-home local applications of cold in first few days of acute complaint, thereafter applications of heat or cold. This does not require the use of any special equipment other than what is readily available over the counter. Therefore the request for hot and cold wrap is not medically necessary.

Aciphex 220mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton Pump Inhibitors.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommend the use of non-steroidal anti-inflammatory drugs be weighed against both gastrointestinal (GI) and cardiovascular risk factors. It should also be determined if the patient is at risk for gastrointestinal events. The MTUS guidelines recommend that patients at intermediate risk for gastrointestinal events and no cardiovascular disease receive a non-selective NSAID with either a proton pump inhibitor (PPI) or a Cox-2 selective agent. Long-term PPI medication use greater than one year has been shown to increase the risk of hip fracture. The Official Disability Guidelines state that decisions to use PPI medication long-term must be weighed against the risks. PPI medications are recommended for patients at risk for gastrointestinal events. The use of proton pump inhibitor medication should be used at the lowest dose for the shortest possible amount of time. In this case, the injured worker was noted to have right wrist pain. The documentation notes that the injured worker had been prescribed non-steroidal anti-inflammatory drugs since February of 2015. There is lack of documentation in the medical records of gastrointestinal disease or that the injured worker is at intermediate risk for a gastrointestinal event. In addition, there is no indication that a first-line proton pump inhibitor medication was tried. The request for Aciphex is not medically necessary.