

<b>Case Number:</b>	CM15-0148694		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	08/04/2014
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 55 year old male, who sustained an industrial injury on August 04, 2014. The injured worker reported slipping causing him to shoot his right hand with a nail gun. The injured worker was diagnosed as having hand and finger abrasions, contusion of the upper limb and hands, right second and fourth digit metacarpal nail gun injury, digit nerve sensory impairment, grip loss, and wrist subluxation. Treatment and diagnostic studies to date has included x-rays of the right hand, chiropractic therapy, use of a splint, use of a sling, medication regimen, and physical therapy. In a progress note dated April 17, 2015 the treating chiropractor reports loss of motion to the second and fourth digits, loss of grip to the dominant right hand, and sensory loss. The treating physician requested use of a transcutaneous electrical nerve stimulation unit and magnetic resonance imaging of the right hand, but the documentation provided did not indicate the specific reasons for the requested equipment and study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit (frequency & duration unspecified): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

**Decision rationale:** TENS Unit (frequency & duration unspecified) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. The guidelines state that a TENS unit can be used for neuropathic pain; CRPS; MS; spasticity; and phantom limb pain. The documentation does not reveal that the patient has had a one-month trial with evidence of improved pain and increased function therefore this request is not medically necessary.

**MRI right hand:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand (Acute & Chronic), MRI (updated 6/29/15).

**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- MRIs (magnetic resonance imaging) and Other Medical Treatment Guidelines American College of Radiology ACR Appropriateness Criteria-2012.

**Decision rationale:** MRI right hand is medically necessary per the MTUS; the ODG and a review of the ACR Guidelines. The MTUS states that there limited to no ability for an MRI to detect ligament, tendon sheath; tendinitis/tenosynovitis; trigger finger injury. The MTUS states that imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. The ODG 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. 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. The ODG states that a right hand MRI can be ordered if radiographs are normal and fracture is suspected. Additionally, the ODG states that if there is trauma and there is suspected gamekeeper injury (thumb MCP ulnar collateral ligament injury); soft tissue tumor; Kienbock's disease. The American College of Radiology recommends radiographs as first choice and if routine radiographs are normal or nonspecific and the patient has persistent symptoms an MRI without contrast is the next choice. The documentation indicates that the patient has had radiographs of the right wrist which were unremarkable for a fracture but revealed a nail gun injury. He has attempted conservative care and continues to have persistent pain. A 4/23/15 document states that the patient was seen for his hand pain and felt that he had a soft tissue injury. After reviewing the guidelines and the history it is medically

reasonable for this patient to have a right wrist MRI. The patient had a penetrating hand injury and continues to have pain and weakness which in the setting of his trauma it may be difficult to discern a possible specific injury. The ACR and ODG state that an MRI without contrast may reveal further soft tissue structures. The MTUS supports further imaging to support a diagnosis if needed. In this case, given the patient's injury and persistent symptoms an MRI of the right hand is medically necessary and would be less invasive than an arthroscopic procedure.