

Case Number:	CM15-0161050		
Date Assigned:	08/27/2015	Date of Injury:	05/15/2015
Decision Date:	10/09/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/17/2015

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 was a 52 year old male, who sustained an industrial injury, May 15, 2015. The injured worker previously received the following treatments chiropractic services. The injured worker was diagnosed with right wrist sprain and or strain, left wrist strain and or sprain, right hand tenosynovitis, sleep disturbance and anxiety. The injured worker was right handed dominate. According to progress note of July 7, 2015, the injured worker's chief complaint was right hand and wrist pain and constant nagging headaches since the injury. The pain was located in the forehead and then travels into the occipital region and the back of the neck. The right wrist pain was constant, slight, and occasional moderate pain in the right wrist that radiates into the hand and fingers. The pain increases with gripping and grasping activities for more than 10 minutes and with attempts at heavy lifting. The injured worker was experiencing cramping of the right hand and fingers. The injured worker was dropping objects due to weakness. The physical exam noted tenderness with palpation of the lateral wrist and medial wrist. The Tinel's sign caused pain on the right. The Phelan's test caused pain on the right. The left wrist had tenderness with palpation of the lateral and medal wrist. The Tinel's sign caused pain on the left. The Phalen's test caused pain on the left. The right hand was positive for pain with the Finkelstein's test. The treatment plan included right wrist MRI, psychological testing, extracorporeal shockwave therapy for the right wrist and right hand and right hand MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand, MRIs.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic) Chapter under MRIs (magnetic resonance imaging).

Decision rationale: Based on the 07/07/15 progress report provided by treating physician, the patient presents with bilateral hand and wrist pain. The request is for MRI of the right wrist. Patient's diagnosis per Request for Authorization form dated 07/07/15 includes tenosynovitis hand/wrist NEC, sprain of the wrist NOS, and sleep disturbance. Treatment to date has included acupuncture and capsaicin patches. The patient is off-work, per 07/07/15 report. ACOEM Chapter 11, Forearm, Wrist and Hand Complaints, Special Studies and Diagnostic and Treatment Considerations, pages 268-269 state: 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. ODG-TWC, Forearm, Wrist, & Hand (Acute & Chronic) Chapter under MRIs (magnetic resonance imaging) states: "Indications for imaging -- Magnetic resonance imaging (MRI):- Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required- Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required- Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury)- Chronic wrist pain, plain films normal, suspect soft tissue tumor- Chronic wrist pain, plain film normal or equivocal, suspect Kienbock'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. "Per 07/07/15 report, treater states that the pain increases with gripping and grasping activities for more than 10 minutes and with attempts at heavy lifting. The patient was experiencing cramping of the right hand and fingers, and dropping objects due to weakness. Physical examination of the bilateral wrists on 07/07/15 revealed tenderness to palpation to the lateral and medial aspects. Positive Tinel's and Phelan's bilaterally. Positive Finkelstein's on the right. The patient is diagnosed with hand/wrist tenosynovitis and continues with pain despite conservative treatment. Review of provided medical records do not indicate a prior MRI of the right wrist/hand. This request would be reasonable. However, treater has already requested MRI of the right hand is associated request, which has been recommended for authorization. This request appears to be a duplicate. Therefore, the request for MRI of the right wrist IS NOT medically necessary.

Psychological testing: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic chapter, under Psychological treatment and Other Medical Treatment Guidelines ACOEM guidelines, Chapter 7, page 127.

Decision rationale: Based on the 07/07/15 progress report provided by treating physician, the patient presents with bilateral hand and wrist pain, headaches, and sleep difficulty. The request is for psychological testing. Patient's diagnosis per Request for Authorization form dated 07/07/15 includes tenosynovitis hand/wrist NEC, sprain of the wrist NOS, and sleep disturbance. Physical examination of the bilateral wrists on 07/07/15 revealed tenderness to palpation to the lateral and medial aspects. Positive Tinel's and Phelan's bilaterally. Positive Finkelstein's on the right. Treatment to date has included acupuncture and capsaicin patches. The patient is off-work, per 07/07/15 report. ACOEM guidelines, Chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. MTUS page 100-101 regarding psychological evaluations states these are recommended for chronic pain problems. ODG-TWC, Chronic chapter, under Psychological treatment, states the following: "ODG Psychotherapy Guidelines: Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." Per 05/26/15 report, the patient has psychological/emotional complaints which include "depression, irritability and high anxiety in response to his chronic pain and limitations." UR letter dated 08/04/15 states that patient has already been approved for psychological evaluation, per 07/01/15 UR decision. ACOEM guidelines indicate that providers are justified in seeking additional expertise in cases where the course of care could benefit from a specialist, and MTUS recommends psychological evaluations for chronic pain problems. There is no evidence that previously authorized evaluation has been completed. Given this patient's continuing pain symptoms and diagnosis, this request for psychological testing would be reasonable. However, the associated request for psychiatric evaluation has been recommended for authorization. This appears to be a duplicate request. Therefore, this request for psychological testing IS NOT medically necessary.

Extracorporeal shockwave therapy for the right wrist and right hand: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Criteria for the use of Extracorporeal Shock Wave Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic) Chapter under Extracorporeal shockwave therapy (ESWT) Shoulder (Acute & Chronic), Extracorporeal shockwave therapy (ESWT).

Decision rationale: Based on the 07/07/15 progress report provided by treating physician, the patient presents with bilateral hand and wrist pain. The request is for extracorporeal shockwave therapy for the right wrist and right hand. Patient's diagnosis per Request for Authorization form dated 07/07/15 includes tenosynovitis hand/wrist NEC, sprain of the wrist NOS, and sleep disturbance. Physical examination of the bilateral wrists on 07/07/15 revealed tenderness to palpation to the lateral and medial aspects. Positive Tinel's and Phelan's bilaterally. Positive Finkelstein's on the right. The patient is off-work, per 07/07/15 report. ODG guidelines, Elbow (Acute & Chronic) Chapter under Extracorporeal shockwave therapy (ESWT) states: "Not recommended. Criteria for the use of Extracorporeal Shock Wave Therapy (ESWT): Patients whose pain from lateral epicondylitis (tennis elbow) has remained despite six months of standard treatment. At least three conservative treatments have been performed prior to use of ESWT. These would include: (a) Rest; (b) Ice; (c) NSAIDs; (d) Orthotics; (e) Physical Therapy; (e) Injections (Cortisone) Maximum of 3 therapy sessions over 3 weeks. ODG Guidelines, Shoulder (Acute & Chronic), Extracorporeal shockwave therapy (ESWT) states that ESWT is recommended for Patients whose pain from calcifying tendinitis of the shoulder has remained despite six months of standard treatment." Regarding Extracorporeal shock-wave therapy in chapter "Elbow, Hand & Wrist" and topic "Extracorporeal shockwave therapy (ESWT)", ODG guidelines state that it is recommended for patients whose pain from lateral epicondylitis (tennis elbow) has remained despite six months of standard treatment. Treater has not provided reason for the request. Treatment to date has included acupuncture and capsaicin patches; and the patient continues with right wrist and hand pain. While MTUS and ACOEM guidelines do not discuss shockwave therapy, ODG guidelines provide support for shoulder calcifying tendinitis, little support for elbow lateral epicondylitis, and do not indicate ESWT for wrist conditions. Furthermore, treater has not documented at least three conservative treatments, and the patient does not have a diagnosis for which this modality would be indicated based on guidelines. Therefore, the request IS NOT medically necessary.

MRI of the right hand: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand, MRIs.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic) Chapter under MRIs (magnetic resonance imaging).

Decision rationale: Based on the 07/07/15 progress report provided by treating physician, the patient presents with bilateral hand and wrist pain. The request is for MRI of the right hand. Patient's diagnosis per Request for Authorization form dated 07/07/15 includes tenosynovitis hand/wrist NEC, sprain of the wrist NOS, and sleep disturbance. Physical examination of the bilateral wrists on 07/07/15 revealed tenderness to palpation to the lateral and medial aspects. Positive Tinel's and Phelan's bilaterally. Positive Finkelstein's on the right. Treatment to date has included acupuncture and capsaicin patches. The patient is off-work, per 07/07/15 report. ACOEM Chapter 11, Forearm, Wrist and Hand Complaints, Special Studies and

Diagnostic and Treatment Considerations, pages 268-269 state: 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. ODG-TWC, Forearm, Wrist, & Hand (Acute & Chronic) Chapter under MRI's (magnetic resonance imaging) states: "Indications for imaging -- Magnetic resonance imaging (MRI): Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required, Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required, Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury), Chronic wrist pain, plain films normal, suspect soft tissue tumor- Chronic wrist pain, plain film normal or equivocal, suspect Kienbock'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. " Per 07/07/15 report, treater states that the pain increases with gripping and grasping activities for more than 10 minutes and with attempts at heavy lifting. The patient was experiencing cramping of the right hand and fingers, and dropping objects due to weakness. Physical examination of the bilateral wrists on 07/07/15 revealed tenderness to palpation to the lateral and medial aspects. Positive Tinel's and Phelan's bilaterally. Positive Finkelstein's on the right. The patient is diagnosed with hand/wrist tenosynovitis and continues with pain despite conservative treatment. Review of provided medical records do not indicate a prior MRI of the right wrist/hand. This request appears reasonable and in accordance with guidelines. Therefore, the request for MRI right hand IS medically necessary.

Psychiatric evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic chapter, under Psychological treatment and Other Medical Treatment Guidelines ACOEM guidelines, Chapter 7, page 127.

Decision rationale: Based on the 07/07/15 progress report provided by treating physician, the patient presents with bilateral hand and wrist pain, headaches, and sleep difficulty. The request is for psychiatric evaluation. Patient's diagnosis per Request for Authorization form dated 07/07/15 includes tenosynovitis hand/wrist NEC, sprain of the wrist NOS, and sleep disturbance. Physical examination of the bilateral wrists on 07/07/15 revealed tenderness to palpation to the lateral and medial aspects. Positive Tinel's and Phelan's bilaterally. Positive Finkelstein's on the right. Treatment to date has included acupuncture and capsaicin patches. The patient is off-work, per 07/07/15 report. ACOEM guidelines, Chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. MTUS page 100-101 regarding psychological evaluations states these are recommended for chronic pain problems. ODG-TWC, Chronic chapter, under Psychological treatment, states the following: "ODG Psychotherapy Guidelines: Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early

and alternative treatment strategies can be pursued if appropriate.) In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." Per 05/26/15 report, the patient has psychological/emotional complaints which include "depression, irritability and high anxiety in response to his chronic pain and limitations." UR letter dated 08/04/15 states that patient has already been approved for psychological evaluation, per 07/01/15 UR decision. ACOEM guidelines indicate that providers are justified in seeking additional expertise in cases where the course of care could benefit from a specialist, and MTUS recommends psychological evaluations for chronic pain problems. There is no evidence that previously authorized evaluation has been completed. Given this patient's continuing pain symptoms and diagnosis, this request for psychiatric evaluation appears reasonable and in accordance with guidelines. Therefore, the request for IS medically necessary.