

<b>Case Number:</b>	CM15-0166489		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	04/25/2002
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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:

This 47 year old man sustained an industrial injury on 4-25-2002. The mechanism of injury is not detailed. Diagnoses include right knee intraarticular pathology, status post meniscal repair, and left temporal cranial trauma from falls due to right knee instability. Treatment has included oral medications, cortisone injections, use of a cane, and surgical intervention. Physician notes dated 8-11-2015 show complaints of aching and joint pain rated 7-8 out of 10 and left hand and wrist pain rated 8 out of 10. Recommendations include left wrist x-rays, Colace, Diazepam, DSS, Duragesic film, Fentanyl patch, Lyrica, Norco, Omeprazole, Promethazine, Topamax, Valium, and Wellbutrin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fitted wrist restraint:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist Chapter, under Splinting.

**Decision rationale:** Fitted wrist restraint. The current request is for a fitted wrist restraint. The RFA is dated 08/11/15. Treatment has included oral medications, cortisone injections, use of a cane, and surgical intervention (knee surgery 2010, neck surgery 2005). The patient is TTD. MTUS/ACOEM Chapter 11 page 265 regarding Wrist splints states, "When treating with splints and CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting would be used at night and may be used during the day depending upon activity." ODG, Wrist Chapter, under Splinting, states, "Recommend splinting of wrist in neutral position at night & day prn, as an option in conservative treatment." Per report 08/11/15, the patient presents with left hand and wrist pain rated 8 out of 10. Examination revealed guarding, decrease of range of motion and "findings for neuroma." The treater requested a "fitted wrist brace for CTS." Given this patient's continuing wrist complaint, the issuance of a neutral-position wrist brace could help reduce pain and improve function. ACOEM guidelines support the use of a wrist brace for CTS. This request appears to be reasonable and in line with guideline recommendations. Therefore, it IS medically necessary.

**X-rays, 3 views left wrist:** Overturned

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

**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 Radiography.

**Decision rationale:** The current request is for a X-rays, 3 views left wrist. The RFA is dated 08/11/15. Treatment has included oral medications, cortisone injections, use of a cane, and surgical intervention (knee surgery 2010, neck surgery 2005). The patient is TTD. MTUS/ACOEM, Forearm, Wrist, and Hand Complaints 2004, Chapter 11, Page 268 states, "For most patients presenting with true hand and wrist problems, special studies are not needed until after 4 to 6 weeks period of conservative care and observation. Most patients improved quickly provided red flag conditions are ruled out." Regarding wrist/hand X-ray, ACOEM guidelines state indications for x-ray are as follow: 1. Tenderness of the snuff box -radial-dorsal wrist, 2. An acute injury to the metacarpophalangeal joint of the thumb, 3. Peripheral nerve impingement, and 4. Recurrence of a symptomatic ganglion that has been previously aspirated or a trigger finger that has been previously treated with local injections." ODG Guidelines, Forearm, Wrist & Hand (Acute & Chronic) Chapter, under Radiography Section states, recommended "For most patients with known or suspected trauma of the hand, wrist, or both, the conventional radiographic survey provides adequate diagnostic information and guidance to the surgeon." Per report 08/11/15, the patient presents with left hand and wrist pain rated 8 out of 10. Examination revealed guarding, decrease of range of motion and "findings for neuroma." The treater requested x-rays of the left wrist. There is no indication of prior x-rays for the left wrist. In this case, given the positive examination findings, the lack of X-ray imaging to date, and failure of conservative therapies, x-ray of the left wrist would be an appropriate measure to determine the underlying pathology. The request IS medically necessary.