

Case Number:	CM15-0182175		
Date Assigned:	10/14/2015	Date of Injury:	12/24/2011
Decision Date:	12/16/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/16/2015

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: Emergency 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 25 year old female, who sustained an industrial injury on December 24, 2011. The injured worker was diagnosed as having status post right hand puncture wound with residual and pain at the 4th and 5th digits. Treatment and diagnostic studies to date has included medication regimen, acupuncture, chiropractic therapy, use of a transcutaneous electrical nerve stimulation unit, and shockwave therapy. In a progress note dated July 08, 2015 the treating physician reports complaints of sharp and stabbing pain to the right hand, 4th finger, and 5th finger along with numbness and hypersensitivity to the bottom of the hand. Examination performed on July 08, 2015 was revealing for tenderness to the ventral surface of the hand, the carpals, thenar, and hypothenar eminences, and the 4th and 5th metacarpals, tenderness to the joint of the 4th and 5th digits, decreased sensation to the ulnar nerve of the right upper extremity, and decreased motor strength to the right upper extremity. The injured worker's pain level on was rated a 6 out of 10. The progress note from July 08, 2015 did not include any prior diagnostic studies performed. The medical records provided did not include any reports of any prior diagnostic studies performed. The progress note from July 08, 2015 indicated prior shockwave therapy, chiropractic therapy, and acupuncture to the right hand, 4th and 5th finger, but did not include the quantity and if the injured worker experienced any functional improvement or a reduction in the injured worker's pain level per visual analog scale with these prior treatments. On July 08, 2015 the treating physician requested magnetic resonance imaging of the right hand, 18 acupuncture sessions, 18 chiropractic treatments, electromyogram with nerve conduction velocity of the bilateral upper extremities, and 3 shockwave therapy sessions,

but the progress note did not indicate the specific reason for the requested studies and treatments. On September 14, 2015 the Utilization Review determined the requests for magnetic resonance imaging of the right hand, 18 acupuncture sessions, 18 chiropractic treatments, electromyogram with nerve conduction velocity of the bilateral upper extremities, and 3 shockwave therapy sessions to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Right Hand: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic)/MRI's (magnetic resonance imaging).

Decision rationale: The request is for an MRI of the wrist/hand. The Official Disability Guidelines state the following regarding this topic: Recommended as indicated below: While criteria for which patients may benefit from the addition of MRI have not been established, in selected cases where there is a high clinical suspicion of a fracture despite normal radiographs, MRI may prove useful. (ACR, 2001) (Schmitt, 2003) (Valeri, 1999) (Duer, 2007) 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. (Dalinka, 2000) (Tehranzadeh, 2006) For inflammatory arthritis, high-resolution in-office MRI with an average follow-up of 8 months detects changes in bony disease better than radiography, which is insensitive for detecting changes in bone erosions for this patient population in this time frame. (Chen, 2006) See also Radiography. 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 Kienbck'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. (Mays, 2008) In this case, the request is not indicated. This is secondary to poor documentation of qualifying diagnosis as listed in the guidelines. As such, the request is not medically necessary.

18 Acupuncture sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Forearm, Wrist, & Hand (Acute & Chronic) Acupuncture (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic)/Acupuncture.

Decision rationale: The request is for acupuncture. The Official Disability Guidelines state the following regarding this topic: Not recommended. Rarely used and recent systematic reviews do not recommend acupuncture when compared to placebo or control. (Gerritsen, 2002) (O'Conner-Cochrane, 2003) (Goodyear-Smith, 2004) For an overview of acupuncture and other conditions in which this modality is recommended see the Pain Chapter. In this case, the request is not indicated. This is secondary to inadequate clinical evidence regarding effectiveness. As such, the request is not medically necessary.

18 Chiropractic treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic)/Manipulation.

Decision rationale: The request is for chiropractic therapy. The official disability guidelines state the following regarding this topic: Not recommended. Manipulation has not been proven effective in high quality studies for patients with pain in the hand, wrist, or forearm, but smaller studies have shown comparable effectiveness to other conservative therapies. Results of a single study suggest that manual therapy may have some use in the treatment of carpal tunnel syndrome. (AHRQ, 2003) (Ernst, 2003) Trials of magnet therapy, laser acupuncture, exercise or chiropractic care did not demonstrate symptom benefit when compared to placebo or control. There is limited evidence that medical care over nine weeks improves physical distress in the short-term when compared with chiropractic treatment. Limited evidence also suggests that chiropractic and medical treatment provide similar short-term improvement in mental distress, vibrometry, hand function and health-related quality of life. (O'Conner-Cochrane, 2003) See also Physical therapy. See also Manipulation under anesthesia (MUA), a different procedure. ODG Chiropractic Guidelines - (If a decision is made to use this treatment despite the lack of convincing evidence) Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home therapy 9 visits over 8 weeks. In this case, this therapy is not guideline-supported. As indicated above, this is secondary to poor clinical evidence of effectiveness. As such, the request as written is not medically necessary.

EMG/NCV of Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back/EMGs (electromyography).

Decision rationale: Recommended (needle, not surface) as an option in selected cases. The American Association of Electrodiagnostic Medicine conducted a review on electrodiagnosis in relation to cervical radiculopathy and concluded that the test was moderately sensitive (50%-71%) and highly specific (65%-85%). (AAEM, 1999) EMG findings may not be predictive of surgical outcome in cervical surgery, and patients may still benefit from surgery even in the absence of EMG findings of nerve root impingement. This is in stark contrast to the lumbar spine where EMG findings have been shown to be highly correlative with symptoms. Indications when particularly helpful: EMG may be helpful for patients with double crush phenomenon, in particular, when there is evidence of possible metabolic pathology such as neuropathy secondary to diabetes or thyroid disease, or evidence of peripheral compression such as carpal tunnel syndrome. In this case, the patient does not meet criteria for the study requested. This is secondary to a previous study performed. Pending receipt of information further clarifying how this repeat study would change the management rendered, it is not medically necessary.

3 Shockwave Therapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods.

Decision rationale: The request is for extracorporeal shockwave therapy of the wrists to aid in pain relief. The ACOEM guidelines state the following regarding physical methods for treatment: Physical modalities, such as massage, diathermy, cutaneous laser treatment, cold laser treatment, transcutaneous electrical neurostimulation (TENS) units, and biofeedback have no scientifically proven efficacy in treating acute hand, wrist, or forearm symptoms. Limited studies suggest there are satisfying short- to medium-term effects due to ultrasound treatment in patients with mild to moderate idiopathic CTS, but the effect is not curative. Patients' at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. In this case, the use of this treatment is not indicated. This is secondary to poor supporting high-grade clinical evidence of efficacy. As such, the request is not medically necessary.