

<b>Case Number:</b>	CM15-0183576		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	07/01/2014
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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 is a 34 year old female who sustained an industrial injury on 07-01-2014. According to a progress report dated 07-20-2015, the injured worker experienced right wrist pain with repetitive activities, typing, writing and combing hair. She had a burning sensation into the right forearm with numbness into the right hand. There was pain that radiated into the right elbow. Pain was rated 10 out of a possible 10. There was nocturnal numbness and positive Flick sign. There was left hand numbness daily. There was no pain only numbness. She had nocturnal numbness and positive Flick sign. Current medications included Ibuprofen and over the counter Biotin. Past medical history included being diagnosed with mild spondyloarthritis in 2007. The injured worker was temporarily totally disabled until 08-31-2015. Diagnoses included bilateral carpal tunnel syndrome moderate right and mild left. The provider noted that the injured worker decided to proceed with surgical intervention on the right wrist first because corticosteroid injections and conservative care had only offered temporary relief. The provider also noted that the injured worker had failed several weeks of conservative care including activity modification, night wrist splint, nonsteroidal anti-inflammatory medications and 2 corticosteroid injections. The treatment plan included chiropractic treatment for tendon gliding exercise of bilateral wrists and massage of wrist flexors, pain management evaluation for medications NSAIDS (nonsteroidal anti-inflammatory drugs), orthopedic surgical consultation for the right wrist-carpal tunnel surgery and continuation of multimodal conservative care on the left wrist to see if it continued to improve. On 08-18-2015, Utilization Review non-certified the requests for a pain

management consult for the bilateral wrists and chiropractic 2 times a week for 3 weeks for the bilateral wrists.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Pain management consult for bilateral wrists: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127.

**Decision rationale:** Based on the 7/20/15 progress report provided by the treating physician, this patient presents with left hand numbness and right wrist pain with repetitive activities, typing, writing, and combing hair with burning sensation into right forearm and numbness into right hand, as well as radiating pain into the right elbow, rated 10/10 on VAS scale. The treater has asked for Pain management consult for bilateral wrists but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient has nocturnal numbness in bilateral hands and a positive Flick sign, bilaterally, per 7/20/15 report. The patient is s/p corticosteroid injections to the wrist, which gave only temporary relief per 7/20/15 report. The patient's current medications include Ibuprofen and OTC Biotin per 7/20/15 report. The patient has not had any surgeries to the wrists per review of reports. The patient's work status is temporarily totally disabled until 8/31/15 per 7/20/15 report, and began a new job 2 weeks ago but stated duties are painful; the patient is currently taking time off work as of 7/20/15 report. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127 has the following: "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." The treater is requesting a pain management consultation "for medications (NSAIDs)" per requesting 7/20/15 report. The patient continues with pain in the right wrist, and numbness in the left hand. Given the patient's persistent wrist pain, the request for a pain management consultation appears reasonable and within ACOEM guidelines. Therefore, the request is medically necessary.

#### **Chiropractic 2 times a week for 3 weeks for the bilateral wrists: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** Based on the 7/20/15 progress report provided by the treating physician, this patient presents with left hand numbness and right wrist pain with repetitive activities, typing,

writing, and combing hair with burning sensation into right forearm and numbness into right hand, as well as radiating pain into the right elbow, rated 10/10 on VAS scale. The treater has asked for Chiropractic 2 times a week for 3 weeks for the bilateral wrists but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient has nocturnal numbness in bilateral hands and a positive Flick sign, bilaterally, per 7/20/15 report. The patient is s/p corticosteroid injections to the wrist, which gave only temporary relief per 7/20/15 report. The patient's current medications include Ibuprofen and OTC Biotin per 7/20/15 report. The patient has not had any surgeries to the wrists per review of reports. The patient's work status is temporarily totally disabled until 8/31/15 per 7/20/15 report, and began a new job 2 weeks ago but stated duties are painful; the patient is currently taking time off work as of 7/20/15 report. MTUS Manual therapy and Manipulation section, pages 58-59, state that treatment is "recommended for chronic pain if caused by musculoskeletal conditions. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended." MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. For manual therapy, the MTUS guidelines on page 59 states, "Delphi recommendations in effect incorporate two trials, with a total of up to 12 trial visits with a re-evaluation in the middle, before also continuing up to 12 more visits (for a total of up to 24)." The treater is requesting 6 sessions of chiropractic treatment "for tendon gliding exercise of bilateral wrists and massage of wrist flexors" per 7/20/15 report. Since the patient has not had prior chiropractic treatments per review of reports, a trial of 6 initial sessions of chiropractic therapy would be appropriate. However, MTUS guidelines do not recommend chiropractic treatments for the wrists. Therefore, the request is not medically necessary.