

<b>Case Number:</b>	CM15-0192665		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	03/04/2015
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### 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 is a 30 year old female patient, who sustained an industrial injury on 3-4-2015. She reported being bit on the right thumb. Diagnoses include right forearm strain, myofascitis, neuralgia, right hand joint pain, anxiety, depression, nervousness and psych component. Per the doctor's note dated 9-22-15, she had complaints of ongoing pain in the right wrist, right forearm and hand and symptoms of depression and anxiety. The physical examination documented decreased palmar flexion, tenderness with palpation to the right wrist with muscle spasm, Carpal compression and Prayer sign caused pain; the right forearm- tender with palpation and Cozen's and Mill's tests caused pain; the right digits; decreased range of motion with tenderness to the palmar aspect. The medications list includes sertaline, trazodone, hydroxyzine, ibuprofen and birth control pills. Treatments to date include activity modification, anti-inflammatory, cortisone injection, and occupational therapy. The plan of care included shockwave therapy, acupuncture treatments, MRI and a psychological evaluation. The appeal requested authorization for a right wrist and hand MRI, six (6) extracorporeal shockwave therapy sessions, once a week for six weeks to the right forearm, wrist and hand, and six (6) capsaicin patches, once a week for six weeks. The Utilization Review dated 9-28-15, denied this request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Right Wrist and Hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Follow-up Visits.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

**Decision rationale:** MRI Right Wrist and Hand. Per the ACOEM's Occupational Medicine Practice Guidelines 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. Most patients improve quickly, provided red flag conditions are ruled out. Exceptions include the following: In cases of wrist injury, with snuff box (radial-dorsal wrist) tenderness, but minimal other findings, a scaphoid fracture may be present. Initial radiographic films may be obtained but may be negative in the presence of scaphoid fracture. Indications listed above that would require right wrist/hand MRI is not specified in the records provided. Evidence of red flag signs is not specified in the records provided. A recent X-ray report of the right wrist/hand is not specified in the records provided. Failure of conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided. Per the cited guidelines if symptoms have not resolved in four to six weeks and the patient has joint effusion, serologic studies for Lyme disease and autoimmune diseases may be indicated. Imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. A detailed physical examination of the right wrist suggesting specific disorders is not specified in the records provided. Snuff box tenderness on exam is not specified in the records provided. The request for MRI Right Wrist and Hand is not medically necessary.

**Extracorporeal Shockwave Therapy 1x6 Right Forearm, Wrist and Hand:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Shoulder (updated 10/26/15) Extracorporeal shock wave therapy (ESWT).

**Decision rationale:** Extracorporeal Shockwave Therapy 1x6 Right Forearm, Wrist and Hand. Per the cited guidelines "Some medium quality evidence supports manual physical therapy, ultrasound, and high energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder." Per the ODG Extracorporeal shock wave therapy (ESWT) is recommended for calcifying tendinitis but not for other shoulder disorders. Evidence of calcifying tendinitis is not specified in the records provided. Per the cited guidelines there is no high grade scientific evidence to support the use of shockwave treatment for this diagnosis. Failure to previous conservative therapy including pharmacotherapy is not specified in the records provided. The request for Extracorporeal Shockwave Therapy 1x6 Right Forearm, Wrist and Hand is not medically necessary.

**Infrared Elect Acupuncture 15 Min Right Forearm, Wrist and Hand Capsaicin Patch 1x6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** Infrared Elect Acupuncture 15 Min Right Forearm, Wrist and Hand Capsaicin Patch 1x6. MTUS guidelines: Acupuncture Medical Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines. Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pages 111-113. CA MTUS Acupuncture medical treatment guidelines cited below state that "Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." The medical records provided do not specify any intolerance to pain medications. The response to previous conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided, regarding capsaicin. The MTUS Chronic Pain Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments." Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. The request for Infrared Elect Acupuncture 15 Min Right Forearm, Wrist and Hand Capsaicin Patch 1x6 is not medically necessary.