

<b>Case Number:</b>	CM15-0193751		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	01/06/2014
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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 44 year old female, who sustained an industrial injury on 1-6-2014. The injured worker is undergoing treatment for: painful hands and wrists. A medical legal supplemental report indicated on 3-21-14, she was "doing better and there was no need for additional physical therapy". On 6-3-15, she reported neck and right shoulder pain rated 9 out of 10 with pins and needles sensation, and right forearm and right hand pain rated 8-9 out of 10, described as aching, stabbing and burning. She indicated at this time she was not attending any form of therapy and was working. Objective findings revealed a normal gait, tenderness in the right carpal area, positive carpal compression test, and decreased range of motion, intact stability, and full strength. The left wrist and hand is noted to have tenderness at the carpus, decreased range of motion, no instability no sign of atrophy, positive Tinel and Phalen signs. On 9-1-15, she reported intermittent pain of the bilateral hands and wrists. The objective findings noted she rated her pain 9 out of 10. There are no other objective findings documented. The treatment and diagnostic testing to date has included: at least 6 completed physical therapy sessions for the right hand and wrist, electrodiagnostic studies (date unclear) reported to reveal bilateral carpal tunnel syndrome. Medications have included: Tylenol number 4. Current work status: full duty. The request for authorization is for: physical therapy for the right hand and wrist only, quantity 8; magnetic resonance imaging of the right hand and wrist; right wrist elastic brace. The UR dated 9-24-2015: non-certified the requests for physical therapy for the right hand and wrist only, quantity 8; magnetic resonance imaging of the right hand and wrist; right wrist elastic brace.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Physical therapy, right hand/wrist only, Qty 8 sessions: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The 44 year old patient complains of intermittent pain in bilateral wrists and hands, rated at 9/10, as per progress report dated 09/01/15. The request is for Physical therapy, right hand/wrist only, Qty 8 sessions. The RFA for this case is dated 09/17/15, and the patient's date of injury is 01/06/14. Diagnoses, as per progress report dated 09/01/15, included painful hand and painful wrist. As per progress report dated 06/03/15, the patient complains of pain in neck, right shoulder, right forearm, and right hand, rated at 8-9/10. Diagnoses included bilateral carpal tunnel syndrome with positive EMG/NCV. The patient is working, as per progress report dated 09/01/15. MTUS Chronic Pain Management Guidelines 2009, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In this case, a request for 8 sessions of physical therapy is noted in progress report dated 09/01/15. The patient is not attending any form of therapy at this time, as per report dated 06/03/15. However, a review of the reports indicates that the patient has completed at least 6 sessions of physical therapy which ended on 03/01/14. In progress report dated 02/26/15, the treater states that the patient found therapy helpful, and "wanted to have more therapy when she was discharged." While the patient appears to have benefited from prior therapy, the treater does not indicate why the patient needs additional therapy and has not transitioned to a home exercise regimen. MTUS allows for 8-10 sessions of PT in non-operative cases. Hence, the request for 8 additional sessions of therapy for the right wrist/hand is excessive and is not medically necessary.

### **MRI (magnetic resonance imaging), right hand/wrist, Qty 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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) chapter, under MRI's.

**Decision rationale:** The 44 year old patient complains of intermittent pain in bilateral wrists and hands, rated at 9/10, as per progress report dated 09/01/15. The request is for MRI (magnetic resonance imaging), right hand/wrist, Qty 1. The RFA for this case is dated 09/17/15,

and the patient's date of injury is 01/06/14. Diagnoses, as per progress report dated 09/01/15, included painful hand and painful wrist. As per progress report dated 06/03/15, the patient complains of pain in neck, right shoulder, right forearm, and right hand, rated at 8-9/10. Diagnoses included bilateral carpal tunnel syndrome with positive EMG/NCV. The patient is working, as per progress report dated 09/01/15. ODG Guidelines, Forearm, Wrist, & Hand (Acute & Chronic) chapter, under MRI's (magnetic resonance imaging): 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. 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 progress reports do not indicate prior MRI of the right wrist. The patient complains of chronic pain, rated at 9/10. Physical examination revealed tenderness to palpation in the carpal area along with a positive carpal compression test and reduced range of motion. However, the treater does not mention any acute trauma, and there is no suspicion for carpal bone fracture, thumb ligament injury, soft tissue tumor, or Kienbck's disease to warrant an MRI of the hands/wrists. Therefore, the request is not medically necessary.

**Elastic brace, right hand/wrist, Qty 1: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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:** The 44 year old patient complains of intermittent pain in bilateral wrists and hands, rated at 9/10, as per progress report dated 09/01/15. The request is for Elastic brace, right hand/wrist, Qty 1. The RFA for this case is dated 09/17/15, and the patient's date of injury is 01/06/14. Diagnoses, as per progress report dated 09/01/15, included painful hand and painful wrist. As per progress report dated 06/03/15, the patient complains of pain in neck, right shoulder, right forearm, and right hand, rated at 8-9/10. Diagnoses included bilateral carpal tunnel syndrome with positive EMG/NCV. The patient is working, as per progress report dated 09/01/15. MTUS/ACOEM Chapter 11 Physical methods, 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." In this case, the patient complains of chronic right wrist pain and has been diagnosed with carpal tunnel syndrome with positive EMG/NCV, as per progress report dated 06/03/15. ACOEM guidelines support the use of a wrist brace for CTS. This request appears to be reasonable and in line with guideline recommendations. Therefore, the request is medically necessary.