

<b>Case Number:</b>	CM14-0029381		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/12/2011
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 reported an injury on 05/12/2011 due to repetitive trauma that reportedly caused injury to the injured worker's bilateral wrists. The injured worker ultimately underwent open carpal tunnel release with revision surgery on 08/02/2013. The injured worker's diagnoses included repetitive strain injury, myofascial pain syndrome, and chronic pain syndrome. The injured worker was evaluated on 02/28/2014. It was documented that the injured worker had persistent burning pain in the right upper extremity rated at an 8/10. It was noted that the injured worker did not want to take medications or participate in cognitive behavioral therapy. Physical examination findings included decreased sensation in the right hand with pain limiting motor strength. A request was made for hand consultations, MRIs of the upper extremity, hand therapy, an exercise kit, and a 30-day trial of an H-Wave unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30-day trial of H-Wave Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT) Page(s): 117.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation, page(s) 117 Page(s): 117.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommends a 30-day trial of an H-Wave therapy as an adjunctive treatment to active therapeutic exercise. The clinical documentation submitted for review does not provide any evidence that the injured worker is currently participating in any type of active therapeutic exercise. Additionally, the clinical documentation does not provide any objective functional deficits as a baseline to determine functional increases with the use of an H-Wave unit. As such, the request is not medically necessary and appropriate.

**Hand Specialist Consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 7: Independent Medical Examinations and Consultations, page 127.

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

**Decision rationale:** The ACOEM Guidelines supports specialty consultations for complex diagnoses that would benefit from additional expertise. The clinical documentation submitted for review does indicate that the injured worker has persistent pain complaints despite surgical intervention. However, the clinical documentation indicates that the injured worker does not wish to participate in further cognitive therapy or take medications for pain control. As the clinical documentation does not support that the injured worker is compliant with her treatment plan, it is unclear how a specialist would contribute to the functional restoration of this injured worker. As such, the requested Hand Specialist Consultation is not medically necessary or appropriate.

**Hand Therapy to teach the [REDACTED], for 6 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise, page(s) 46 Page(s): 46.

**Decision rationale:** The MTUS Chronic Pain Guidelines does not recommend 1 exercise program over another. Although 8 to 10 visits of physical therapy would be supported for neuropathic and myofascial pain, the need for a specific program is not supported. The clinical documentation submitted for review does indicate that the injured worker has participated in postoperative physical therapy. There is no documentation that the injured worker is participating in a home exercise program that would require additional treatment. As such, the request is not medically necessary and appropriate.

**MRI of the right elbow:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter (updated 02/14/14).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

**Decision rationale:** The ACOEM Guidelines recommends imaging studies when there is documentation that results of the imaging study will substantially change the treatment plan of the injured worker, there is an emergence of a red flag, or the injured worker has failed to progress through a rehabilitation program. The clinical documentation does indicate that the injured worker is noncompliant with attempts to provide functional restoration as the injured worker does not wish to participate in cognitive behavioral therapy or take medications. There is no documentation of a red flag condition that would support the need for an imaging study. The requested MRI of the right elbow is not medically necessary or appropriate.

**MRI of the right forearm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271=273.

**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 and Hand Chapter, MRIs.

**Decision rationale:** The Official Disability Guidelines do not support the use of an MRI for the forearm unless there is high clinical suspicion of a fracture despite normal radiographs. The clinical documentation submitted for review does not provide any evidence of suspicion of fracture. Additionally, there is no documentation that the injured worker has undergone an x-ray that did not provide definitive results. As such, the requested MRI of the right forearm is not medically necessary and appropriate.

**MRI of the right hand:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand (updated 02/18/14), MRI's (magnetic resonance imaging), indications for imaging-- magnetic resonance imaging (MRI).

**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 and Hand Chapter, MRIs.

**Decision rationale:** The Official Disability Guidelines do not support the use of MRIs in the absence of an acute trauma of the hand. As the injured worker's injury would be in the chronic

phase, an MRI would not be indicated. As such, the requested MRI of the right hand is not medically necessary and appropriate.

**MRI of the right wrist: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand (updated 02/18/14), MRI's (magnetic resonance imaging), indications for imaging-- magnetic resonance imaging (MRI).

**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 and Hand Chapter, MRI's.

**Decision rationale:** The Official Disability Guidelines recommend MRIs for chronic wrist pain when there is a suspicion of a soft tissue tumor or Kienbock's disease and x-rays are either normal or equivocal. The clinical documentation does not indicate that the injured worker has undergone x-rays. Therefore, the need for an MRI of the right wrist is not medically necessary and appropriate.

**Exercise kit: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise, page(s) 46 Page(s): 46.

**Decision rationale:** The MTUS Chronic Pain Guidelines does not recommend 1 exercise program over another. Although 8 to 10 visits of physical therapy would be supported for neuropathic and myofascial pain, the need for a specific program is not supported. The clinical documentation submitted for review does indicate that the injured worker has participated in postoperative physical therapy. There is no documentation that the injured worker is participating in a home exercise program that would require additional treatment. As such, the request is not medically necessary and appropriate.