

<b>Case Number:</b>	CM14-0210647		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	08/13/2014
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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 & Rehabn

### 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 patient is a 38 year old female with an injury date of 08/13/14. Based on the 10/10/14 progress report provided by treating physician, the patient complains of constant, moderate to severe pain to the extensor surface of the right hand and wrist with a sharp/dull quality, exacerbated by motion. Patient is status post injury in which a trash can lid slammed shut on her hand. Physical examination dated 10/10/14 revealed tenderness to palpation to the extensor surfaces of the right hand. Range of motion was decreased compared to the opposite hand on wrist flexion and extension by approximately 20 percent. The patient is currently prescribed Norco, Etodolac ER. Diagnostic imaging included X-ray of the right wrist dated 11/24/14, significant findings: "No significant degenerative changes seen in the visualized bony structures of the wrist." Patient continues to work, although she reports that she has lost some working hours owing to this injury. Diagnosis 10/10/14- Contusion, hand right- Contusion, wrist. The utilization review determination being challenged is dated the rationale is: "The guidelines only recommend MR imaging for acute or chronic wrist pain when a fracture is suspected after there has been normal plain film radiographs. The submitted documents contain no imaging reports or indications that the patient has undergone initial radiographic studies which were normal." Treatment reports were provided from 08/19/14 to 10/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) MRI of the right hand:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**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 (Acute and Chronic) Chapter, under MRI's (magnetic resonance imaging)

**Decision rationale:** The patient presents with constant, moderate to severe pain to the extensor surface of the right hand and wrist with a sharp/dull quality, exacerbated by motion. The request is for one (1) MRI of the right hand. Physical examination dated 10/10/14 revealed tenderness to palpation to the extensor surfaces of the right hand. Range of motion was decreased compared to the opposite hand on wrist flexion and extension by approximately 20 percent. The patient is currently prescribed Norco, Etodolac ER. Diagnostic imaging included X-ray of the right wrist dated 11/24/14 was provided. Patient is currently working. ODG-TWC, Forearm, Wrist, and Hand (Acute and Chronic) Chapter, under MRI's (magnetic resonance imaging) states: "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. "Progress reports provided, most recent dated 10/10/14, indicate that this patient is suffering from pain to her wrist owing to an acute crush injury dated 08/13/14. Treater has provided documentation showing sustained wrist pain, reduced range of motion, and loss of function. The records provided contain a plain film radiograph of the right hand, indicating no visible clinical abnormalities. According to MTUS guidelines, patients presenting with acute hand/wrist injury satisfy requirements for an MRI provided plain film radiographs are unremarkable. This patient meets both of these criteria. Therefore, this request is medically necessary.

**One (1) interferential unit:** 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)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118 to 120.

**Decision rationale:** The patient presents with constant, moderate to severe pain to the extensor surface of the right hand and wrist with a sharp/dull quality, exacerbated by motion. The request is for one (1) interferential unit. Physical examination dated 10/10/14 revealed tenderness to

palpation to the extensor surfaces of the right hand. Range of motion was decreased compared to the opposite hand on wrist flexion and extension by approximately 20 percent. The patient is currently prescribed Norco, Etodolac ER. Diagnostic imaging included X-ray of the right wrist dated 11/24/14 was provided. Patient is currently working. MTUS pages 118 to 120 states that Interferential Current Stimulation (ICS) are not recommended as an isolated intervention. MTUS further states, "While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway." It may be appropriate if pain is not effectively controlled due to diminished effectiveness or side effects of medication; history of substance abuse, significant pain due to postoperative conditions; or the patient is unresponsive to conservative measures. A one month trial may be appropriate if the above criteria are met." Treater has not provided documentation satisfying MTUS criteria for IF therapy. There is no discussion that pain is not effectively controlled due to the effectiveness of medications, discussion regarding substance abuse, or pain due to postoperative conditions as required by MTUS. Furthermore, MTUS guidelines indicate that those considering IF Unit therapy should undergo 30 day trial period to determine efficacy before further treatment is considered - no such trial is specified. Therefore, this request is not medically necessary.