

Case Number:	CM15-0018110		
Date Assigned:	02/06/2015	Date of Injury:	07/12/2010
Decision Date:	03/30/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/30/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 51 year old female, who sustained an industrial injury on 07/12/2010. She has reported left wrist pain. The diagnoses have included bilateral carpal tunnel syndrome, Treatment to date has included medications, bracing, physical therapy, occupational therapy, acupuncture, and surgical intervention. Currently, the IW complains of left wrist pain. She reported that it feels a little improved with occupational therapy, and that her therapist states that she needs electrical therapy and a brace. A progress note from the treating physician, dated 12/23/2014, reported objective findings to include positive Tinel's and Phalen's signs; and that the EMG/NCS (Electromyography/Nerve Conduction Studies) were remarkable for moderate carpal tunnel syndrome. The treatment plan included a prescription for Lidoderm patches; and requests for an MRI of the left wrist, a TENS unit; and a wrist brace. On 01/15/2015 Utilization Review noncertified a prescription for MRI of the left wrist; a prescription for TENS unit; and a prescription for Lidoderm patches (boxes per review of prescription). The CA MTUS ACOEM, and the ODG were cited. On 01/30/2015, the injured worker submitted an application for IMR for review of MRI of the left wrist; TENS unit; and for Lidoderm patches (boxes per review of prescription).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Magnetic resonance imaging (MRI)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MRI WRIST ODG <http://www.odg-twc.com/index.html>

Decision rationale: According to ODG guidelines, MRI of the wrist <Recommended as indicated below. While criteria for which patients may benefit from the addition of MRI have not been established, in selected cases where there is a high clinical suspicion of a fracture despite normal radiographs, MRI may prove useful. (ACR, 2001) (Schmitt, 2003) (Valeri, 1999) (Duer, 2007) 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. Many articles dispute the value of imaging in the diagnosis of ligamentous tears, because arthroscopy may be more accurate and treatment can be performed along with the diagnosis. (Dalinka, 2000) (Tehranzadeh, 2006) For inflammatory arthritis, high-resolution in-office MRI with an average follow-up of 8 months detects changes in bony disease better than radiography, which is insensitive for detecting changes in bone erosions for this patient population in this time frame. (Chen, 2006) See also Radiography. 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).> There is no documentation that the patient is suspected of wrist fracture despite normal x- rays. There is no indication of Wrist MRI as per ODG criteria. Therefore, the request for MRI of the left wrist is not medically necessary.

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

Decision rationale: According to MTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is

planned for this patient. There is no recent documentation of recent flare of neuropathic pain. There is no strong evidence supporting the benefit of TENS for neck, shoulder and wrist disorders. Therefore, the prescription of TENS unit is not medically necessary.

Lidoderm patches (boxes per review of prescription): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 56-57. Decision based on Non-MTUS Citation ODG, Topical analgesics

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

Decision rationale: According to MTUS guidelines, <<Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin>>. In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy and the need for Lidoderm patch is unclear. There is no documentation of efficacy of previous use of Lidoderm patch. Therefore, the prescription of Lidoderm patches is not medically necessary.