

<b>Case Number:</b>	CM15-0115511		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	10/28/2014
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: Emergency 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 36-year-old male who sustained an industrial injury on October 28, 2014. He has reported injury to the right wrist and hand and has been diagnosed with right hand sprain strain, internal derangement carpal syndrome, right wrist sprain strain rule out internal derangement, cervical spine sprain strain, rule out herniated cervical disc with radiculitis radiculopathy, right shoulder sprain strain, rule out tendinitis, internal derangement, rotator cuff tear, lumbar spine sprain strain, rule out herniated lumbar disc with radiculitis radiculopathy, right hip sprain strain, rule out internal derangement, right wrist puncture wound, right hand sprain strain rule out tendinitis, carpal tunnel syndrome, right wrist sprain strain rule out internal derangement, and radial nerve entrapment. Treatment has included physical therapy, medications, and medical imaging. There was tenderness over distal radial ulnar junction. There was a positive Phalen's and Tinel's. There was tightness and spasm at the trapezius and sternocleidomastoid and strap muscles right greater than left. There was spasms and tenderness of the lumbar paraspinal muscles. There was a positive straight leg raise at 75 degrees with L5-S1 distribution. The treatment request included MRI arthrogram of the right wrist, ultrasound guided cortisone injection right wrist, and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **MRI Arthrogram of right wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG (Forearm, Wrist, and Hand Chapter) updated 5/11/15.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-260. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, & Hand (Acute & Chronic), MRI (Magnetic Resonance Imaging).

**Decision rationale:** The requested MRI Arthrogram of right wrist, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 11, Forearm, Wrist and Hand Complaints, Diagnostic Criteria, Pages 258-260; and Official Disability Guidelines, Forearm, Wrist, & Hand (Acute & Chronic), MRI (Magnetic Resonance Imaging) recommend imaging studies with documented red flag conditions after failed conservative treatments. The injured worker has tenderness over distal radial ulnar junction. There was a positive Phalen's and Tinel's. There was tightness and spasm at the trapezius and sternocleidomastoid and strap muscles right greater than left. There was spasms and tenderness of the lumbar paraspinal muscles. There was a positive straight leg raise at 75 degrees with L5-S1 distribution. The treating physician has not documented evidence of an acute clinical change since the 2014 imaging study. The criteria noted above not having been met, MRI Arthrogram of right wrist is not medically necessary.

### **Ultrasound Guided Cortisone Injection Right Wrist: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

**Decision rationale:** The requested Ultrasound Guided Cortisone Injection Right Wrist is medically necessary. ACOEM Guidelines, 2nd Edition, pg. 272 Table 11-7. Summary of Recommendations for Evaluating and Managing Forearm, Wrist, and Hand Complaints noted: "Injections Recommended: Injection of corticosteroids into carpal tunnel in mild or moderate cases of CTS after trial of splinting and medication." The injured worker has tenderness over distal radial ulnar junction. There was a positive Phalen's and Tinel's. There was tightness and spasm at the trapezius and sternocleidomastoid and strap muscles right greater than left. There was spasms and tenderness of the lumbar paraspinal muscles. There was a positive straight leg raise at 75 degrees with L5-S1 distribution. The treating physician has documented sufficient exam evidence of carpal tunnel syndrome to necessitate a current trial of a cortisone injection. The criteria noted above having been met, Ultrasound Guided Cortisone Injection Right Wrist is medically necessary.

### **Physical Therapy 2x5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation ODG (Forearm, Wrist, and Hand Chapter) updated 5/11/15.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Page 98-99 Page(s): 98-99.

**Decision rationale:** The requested Physical Therapy 2x5 is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has tenderness over distal radial ulnar junction. There was a positive Phalen's and Tinel's. There was tightness and spasm at the trapezius and sternocleidomastoid and strap muscles right greater than left. There was spasms and tenderness of the lumbar paraspinal muscles. There was a positive straight leg raise at 75 degrees with L5-S1 distribution. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical Therapy 2x5 is not medically necessary.