

<b>Case Number:</b>	CM15-0118203		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	04/30/2014
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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 58 year old female, who sustained an industrial injury on 4/30/14. She reported pain in bilateral wrists, hands, fingers, elbows, and arms. The injured worker was diagnosed as having bilateral wrist and hand tenosynovitis. Treatment to date has included the use of arm braces, and medication. Electromyography/nerve conduction velocity studies obtained on 11/17/14 revealed mild right and very mild left median nerve entrapment at the wrist level. A MRI of the right wrist obtained on 4/11/15 revealed a degenerative tear of the triangular fibrocartilage complex. A MRI of the right hand obtained on 4/11/15 revealed a bone cyst in the 3rd metacarpal head. Currently, the injured worker complains of swelling and stiffness in the fingers and wrists rated as 5/10. The treating physician requested authorization for a MRI of bilateral wrists, acupuncture x12 for bilateral wrists, chiropractic therapy x12 for bilateral wrists, and physiotherapy x6 for bilateral wrists all for the date of service 3/17/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the bilateral wrists, per 03/17/2015 order Qty: 2: Upheld**

**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): 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter, Radiography.

**Decision rationale:** This patient presents with swelling and stiffness in the fingers and wrists. The current request is for MRI of the bilateral wrists, per 03/17/2015 order Qty: 2. The RFA is dated 04/01/15. Treatment to date has included the use of arm braces, e-stimulation, acupuncture and medication. The patient remains off work until 05/01/15. The ACOEM Guidelines Chapter 11 on Forearm, Wrist and Hand Complaints page 268 on x-rays of the wrist and hand states, "For most patients presenting with true hand and wrist problems, special studies are not needed until after 4 to 6 weeks period of conservative care and observation. Most patients improved quickly provided red flag conditions are ruled out". Regarding wrist/hand X-ray, ACOEM guidelines state indications for x-ray are as follow: 1. tenderness of the snuff box -radial-dorsal wrist; 2. an acute injury to the metacarpophalangeal joint of the thumb; 3. peripheral nerve impingement; and 4. Recurrence of a symptomatic ganglion that has been previously aspirated or a trigger finger that has been previously treated with local injections. ODG guidelines, chapter 'Forearm, Wrist & Hand (Acute & Chronic)' and topic 'Radiography', recommend x-rays to "For most patients with known or suspected trauma of the hand, wrist, or both, the conventional radiographic survey provides adequate diagnostic information and guidance to the surgeon". According to progress report 03/17/15, the patient continues to complain of bilateral wrist pain with numbness and tingling. Examination of the right and left wrist revealed decreased and painful ROM, tenderness to palpation of the volar wrist, and positive Tinel's and Phalen's test. The treating physician requested authorization for a MRI of bilateral wrists. A rationale for the request was not provided. Per report 05/14/15, in January of 2015 the patient underwent MRI of the bilateral hands" the results for the MRI was not discussed. X-ray of the bilateral wrist from 03/06/15 revealed "unremarkable wrist study". EMG/NCV of the bilateral upper extremities from 11/17/14 noted, "Bilateral median wrist nerve entrapment at wrists, mild on R and very mild on L." It appears an MRI of the right wrist was obtained on 4/11/15 prior to authorization. This report revealed a degenerative tear of the triangular fibrocartilage complex. In this case, physical examination does not indicate any new red flag conditions, and the treater has not discussed new trauma or injury that would warrant a repeat MRI at this juncture. This request is not medically necessary.

**Acupuncture therapy, twice weekly, bilateral wrists, per 03/17/2015 order Qty: 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

**Decision rationale:** This patient presents with swelling and stiffness in the fingers and wrists. The current request is for Acupuncture therapy, twice weekly, bilateral wrists, per 03/17/2015 order Qty: 12. The RFA is dated 04/01/15. Treatment to date has included the use of arm braces, e-stimulation, acupuncture and medication. The patient remains off work until 05/01/15. For

acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, the MTUS Guidelines requires functional improvement as defined by Labor Code 9792.20(e) a significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. According to progress report 03/17/15, the patient continues to complain of bilateral wrist pain with numbness and tingling. Examination of the right and left wrist revealed decreased and painful ROM, tenderness to palpation of the volar wrist, and positive Tinel's and Phalen's test. The treating physician requested authorization for acupuncture x12 visits for the bilateral wrist. Per report 05/14/15, in January of 2015 the patient was treated with physical therapy and acupuncture. In this case, the patient has previously participated in an undisclosed number of acupuncture treatments. The treater has not discussed efficacy of treatment in terms of reduction in pain and improvement in function to warrant additional visits. MTUS guidelines indicate that 1 to 2 additional sessions per month may be considered with documentation of functional improvement as defined by Labor Code 9792.20(e). Therefore, the request is not medically necessary.

**Chiropractic therapy, twice weekly, bilateral wrists, per 03/17/2015 order Qty: 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy & manipulation Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**Decision rationale:** This patient presents with swelling and stiffness in the fingers and wrists. The current request is for Chiropractic therapy, twice weekly, bilateral wrists, per 03/17/2015 order Qty: 12. The RFA is dated 04/01/15. Treatment to date has included the use of arm braces, e-stimulation, acupuncture and medication. The patient remains off work until 05/01/15. Regarding Chiropractic, MTUS Manual Therapy and Manipulation guidelines pages 58, 59 state that treatment is "recommended for chronic pain if caused by musculoskeletal conditions: Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended." MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. For manual therapy, the MTUS guidelines on page 59 states, "Delphi recommendations in effect incorporate two trials, with a total of up to 12 trial visits with a re-evaluation in the middle, before also continuing up to 12 more visits (for a total of up to 24)." According to progress report 03/17/15, the patient continues to complain of bilateral wrist pain with numbness and tingling. Examination of the right and left wrist revealed decreased and painful ROM, tenderness to palpation of the volar wrist, and positive Tinel's and Phalen's test. The treating physician requested authorization for chiropractic treatments for the bilateral wrist x12. MTUS guidelines do not recommend chiropractic treatments for the wrists or CTS which this patient suffers from. The request is not medically necessary.

**Physiotherapy, once weekly, bilateral wrists, per 03/17/2015 order Qty: 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 99.

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

**Decision rationale:** This patient presents with swelling and stiffness in the fingers and wrists. The current request is for Physiotherapy, once weekly, bilateral wrists, per 03/17/2015 order Qty: 6. The RFA is dated 04/01/15. Treatment to date has included the use of arm braces, e-stimulation, acupuncture and medication. The patient remains off work until 05/01/15. The MTUS Chronic Pain Management Guidelines, 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." A records review provided on report 05/14/15 noted that patient was treated with PT 1 times a week for 6 weeks on 01/20/15. On 03/17/15, additional physical therapy x6 was recommended. There are no physical therapy reports provided for review. The patient has a date of injury from 2004 and the total number of completed physical therapy visits to date and the objective response to therapy were not documented in the medical reports. It appears the patient underwent a short course of PT earlier in the year with no documentation of improvement. In addition, the requested 6 sessions with the 6 already received, exceeds MTUS recommendation. This request is not medically necessary.