

<b>Case Number:</b>	CM15-0141348		
<b>Date Assigned:</b>	08/14/2015	<b>Date of Injury:</b>	02/03/2015
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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 47 year old female, who sustained an industrial injury on 2-3-15. The injured worker has complaints of bilateral wrist pain. The documentation noted that there is tenderness to palpation of the dorsal wrist, lateral wrist and medial wrist and a positive Tinel's. The diagnoses have included right and left carpal tunnel syndrome. Treatment to date has included compound topical creams; protonix; voltaren and gabapentin. The request was for physical therapy bilateral wrists 1 x 6 weeks (6 sessions total); physical therapy bilateral hands 1 x 6 weeks (6 sessions total); acupuncture bilateral wrists 1 x 6 weeks (6 sessions total); magnetic resonance imaging (MRI) left wrist, right wrist, left hand and right hand and transcutaneous electrical nerve stimulation unit, 5 months rental.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy Bilateral Wrists 1 x 6 weeks (6 session's total): 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), Carpal Tunnel Syndrome (updated 04/02/15), and Physical Medicine Treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand Chapter, under Physical/Occupational therapy.

**Decision rationale:** The patient presents with right wrist pain/weakness with numbness of right hand/fingers, and left wrist pain/weakness with numbness of left hand/fingers. The request is for Physical Therapy Bilateral Wrists 1 x 6 Weeks (6 Sessions Total). The request for authorization is dated 08/11/15. CT of the left wrist, 03/14/15, shows degenerative changes are seen in the lateral carpal joints. X-ray of the left wrist, 04/24/15, show noncalcifications are seen at the anterior and posterior aspect of the wrist on lateral view. X-ray of the right wrist, left and right hand, 04/24/15, is unremarkable. Physical examination of the bilateral wrists reveals ranges of motion are decreased and painful. There is tenderness to palpation of the dorsal wrist, lateral wrist, medial wrist and volar wrist. There is muscle spasm of the forearm and thenar. Phalen's causes pain. Per the progress report dated 08/05/15 the patient remained off-work. MTUS, Physical Medicine Section, pages 98, 99 states: "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." ODG Guidelines, Forearm, Wrist, & Hand Chapter, under Physical/Occupational therapy Section states, "Recommended. Positive (limited evidence). See also specific physical therapy modalities by name; also used after surgery and amputation." Per progress report dated 08/05/15, treater's reason for the request is "to decrease pain/spasm, and increase ROM and ADL's." In this case, the patient continues with bilateral wrist pain. Given the patient's condition, a short course of physical therapy would appear to be indicated. However, per progress report dated 03/23/15, treater notes, "The patient has been referred to Occupational Therapy. She has attended 6 sessions." ODG guidelines do not differentiate occupational vs. physical therapy for the wrist/hand. The treater does not discuss any flare-ups, explain why on-going therapy is needed, or reason the patient is unable to transition into a home exercise program. The current request for 6 sessions of Physical Therapy Bilateral Wrists would exceed what is recommended by MTUS. Therefore, the request is not medically necessary.

**Physical Therapy Bilateral Hands 1 x 6 weeks (6 session's total): 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), Carpal Tunnel Syndrome (updated 04/02/15), and Physical Medicine Treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand Chapter, under Physical/Occupational therapy.

**Decision rationale:** The patient presents with right wrist pain/weakness with numbness of right hand/fingers, and left wrist pain/weakness with numbness of left hand/fingers. The request is for physical therapy bilateral hands 1 x 6 weeks (6 session's total). The request for authorization is dated 08/11/15. CT of the left wrist, 03/14/15, shows degenerative changes are seen in the lateral carpal joints. X-ray of the left wrist, 04/24/15, show noncalcifications are seen at the

anterior and posterior aspect of the wrist on lateral view. X-ray of the right wrist, left and right hand, 04/24/15, is unremarkable. Physical examination of the bilateral wrists reveals ranges of motion are decreased and painful. There is tenderness to palpation of the dorsal wrist, lateral wrist, medial wrist and volar wrist. There is muscle spasm of the forearm and thenar. Phalen's causes pain. Per the progress report dated 08/05/15, the patient remained off-work. MTUS, Physical Medicine Section, pages 98, 99 states: "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." ODG Guidelines, Forearm, Wrist, & Hand Chapter, under Physical/Occupational therapy Section states, "Recommended. Positive (limited evidence). See also specific physical therapy modalities by name; also used after surgery and amputation." Per progress report dated 08/05/15, treater's reason for the request is "to decrease pain/spasm, and increase ROM and ADL's." In this case, the patient continues with bilateral wrist pain. Given the patient's condition, a short course of physical therapy would appear to be indicated. However, per progress report dated 03/23/15, treater notes, "The patient has been referred to Occupational Therapy. She has attended 6 sessions." ODG guidelines do not differentiate occupational vs. physical therapy for the wrist/hand. The treater does not discuss any flare-ups, explain why on-going therapy is needed, or reason the patient is unable to transition into a home exercise program. The current request for 6 sessions of Physical Therapy Bilateral Hands would exceed what is recommended by MTUS. Therefore, the request is not medically necessary.

**Acupuncture Bilateral Wrists 1 x 6 weeks (6 sessions total):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The patient presents with right wrist pain/weakness with numbness of right hand/fingers, and left wrist pain/weakness with numbness of left hand/fingers. The request is for Acupuncture Bilateral Wrists 1 x 6 Weeks (6 Sessions Total). The request for authorization is dated 08/11/15. CT of the left wrist, 03/14/15, shows degenerative changes are seen in the lateral carpal joints. X-ray of the left wrist, 04/24/15, show noncalcifications are seen at the anterior and posterior aspect of the wrist on lateral view. X-ray of the right wrist, left and right hand, 04/24/15, is unremarkable. Physical examination of the bilateral wrists reveals ranges of motion are decreased and painful. There is tenderness to palpation of the dorsal wrist, lateral wrist, medial wrist and volar wrist. There is muscle spasm of the forearm and thenar. Phalen's causes pain. Per the progress report dated 08/05/15, the patient remained off-work. MTUS, Acupuncture Medical Treatment Section, pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." Treater does not discuss the request. In this case, the patient continues to experience bilateral wrist pain. Review of provided medical records shows no evidence the patient previously receiving any Acupuncture treatments. Given patient's condition, a trial of Acupuncture would be indicated by MTUS guidelines. The request for 6

treatments of acupuncture appears to be reasonable and recommended by MTUS. Therefore, the request is medically necessary.

**MRI left wrist:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome (updated 04/02/15), and Magnetic Resonance Imaging.

**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, Hand (Acute & Chronic) chapter under MRI's.

**Decision rationale:** The patient presents with right wrist pain/weakness with numbness of right hand/fingers, and left wrist pain/weakness with numbness of left hand/fingers. The request is for MRI left wrist. The request for authorization is dated 08/11/15. CT of the left wrist, 03/14/15, shows degenerative changes are seen in the lateral carpal joints. X-ray of the left wrist, 04/24/15, show noncalcifications are seen at the anterior and posterior aspect of the wrist on lateral view. X-ray of the right wrist, left and right hand, 04/24/15, is unremarkable. Physical examination of the bilateral wrists reveals ranges of motion are decreased and painful. There is tenderness to palpation of the dorsal wrist, lateral wrist, medial wrist and volar wrist. There is muscle spasm of the forearm and thenar. Phalen's causes pain. Per progress report dated 08/05/15, the patient remained off-work. ODG guidelines, chapter Forearm, Wrist, Hand (Acute & Chronic) and title MRI's (Magnetic Resonance Imaging), state that "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". 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) Treater does not discuss the request. In this case, patient continues with severe chronic LEFT wrist pain. Given the patient's symptoms and physical examination findings ODG guidelines advocates the use of MRI imaging to perform a global examination. Review of provided medical records show no evidence of a prior MRI left wrist. This request appears reasonable and within guidelines indication. Therefore, the request is medically necessary.

**MRI right wrist:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome (updated 04/02/15), Magnetic Resonance Imaging.

**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, Hand (Acute & Chronic) chapter under MRI's.

**Decision rationale:** The patient presents with right wrist pain/weakness with numbness of right hand/fingers, and left wrist pain/weakness with numbness of left hand/fingers. The request is for

MRI right wrist. The request for authorization is dated 08/11/15. CT of the left wrist, 03/14/15, shows degenerative changes are seen in the lateral carpal joints. X-ray of the left wrist, 04/24/15, show noncalcifications are seen at the anterior and posterior aspect of the wrist on lateral view. X-ray of the right wrist, left and right hand, 04/24/15, is unremarkable. Physical examination of the bilateral wrists reveals ranges of motion are decreased and painful. There is tenderness to palpation of the dorsal wrist, lateral wrist, medial wrist and volar wrist. There is muscle spasm of the forearm and thenar. Phalen's causes pain. Per progress report dated 08/05/15, the patient remained off-work. ODG guidelines, chapter Forearm, Wrist, Hand (Acute & Chronic) and title MRI's (Magnetic Resonance Imaging), state that "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". 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) Treater does not discuss the request. In this case, patient continues with severe chronic RIGHT wrist pain. Given the patient's symptoms and physical examination findings, ODG guidelines advocate the use of MRI imaging to perform a global examination. Review of provided medical records show no evidence of a prior MRI right wrist. This request appears reasonable and within guidelines indication. Therefore, the request is medically necessary.

**MRI left 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), Carpal Tunnel Syndrome (updated 04/02/15), and Magnetic Resonance Imaging.

**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, Hand (Acute & Chronic) chapter under MRI's.

**Decision rationale:** The patient presents with right wrist pain/weakness with numbness of right hand/fingers, and left wrist pain/weakness with numbness of left hand/fingers. The request is for MRI left hand. The request for authorization is dated 08/11/15. CT of the left wrist, 03/14/15, shows degenerative changes are seen in the lateral carpal joints. X-ray of the left wrist, 04/24/15, show noncalcifications are seen at the anterior and posterior aspect of the wrist on lateral view. X-ray of the right wrist, left and right hand, 04/24/15, is unremarkable. Physical examination of the bilateral wrists reveals ranges of motion are decreased and painful. There is tenderness to palpation of the dorsal wrist, lateral wrist, medial wrist and volar wrist. There is muscle spasm of the forearm and thenar. Phalen's causes pain. Per progress report dated 08/05/15, the patient remains off-work. ODG guidelines, chapter Forearm, Wrist, Hand (Acute & Chronic) and title MRI's (Magnetic Resonance Imaging), state that "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". 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) Treater does not discuss the request. In this case, patient continues with severe chronic left hand pain. Given the patient's symptoms and physical examination findings, ODG guidelines advocate the use of MRI imaging to perform a

global examination. Review of provided medical records show no evidence of a prior MRI left hand. However, the patient has been authorized for MRI left wrist, which is sufficient imaging for the left hand. Therefore, the request is not medically necessary.

**MRI 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), Carpal Tunnel Syndrome (updated 04/02/15), and Magnetic Resonance Imaging.

**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, Hand (Acute & Chronic) chapter under MRI's.

**Decision rationale:** The patient presents with right wrist pain/weakness with numbness of right hand/fingers, and left wrist pain/weakness with numbness of left hand/fingers. The request is for MRI right hand. The request for authorization is dated 08/11/15. CT of the left wrist, 03/14/15, shows degenerative changes are seen in the lateral carpal joints. X-ray of the left wrist, 04/24/15, show noncalcifications are seen at the anterior and posterior aspect of the wrist on lateral view. X-ray of the right wrist, left and right hand, 04/24/15, is unremarkable. Physical examination of the bilateral wrists reveals ranges of motion are decreased and painful. There is tenderness to palpation of the dorsal wrist, lateral wrist, medial wrist and volar wrist. There is muscle spasm of the forearm and thenar. Phalen's causes pain. Per progress report dated 08/05/15, the patient remains off-work. ODG guidelines, chapter Forearm, Wrist, Hand (Acute & Chronic) and title MRI's (Magnetic Resonance Imaging), state that "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". 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) Treater does not discuss the request. In this case, patient continues with severe chronic right hand pain. Given the patient's symptoms and physical examination findings, ODG guidelines advocate the use of MRI imaging to perform a global examination. Review of provided medical records show no evidence of a prior MRI right hand. However, the patient has been authorized for MRI right wrist, which is sufficient imaging for the right hand. Therefore, the request is not medically necessary.

**TENS Unit, 5 months rental: 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), Carpal Tunnel Syndrome (updated 04/02/15), and Transcutaneous Electrical Neurostimulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** The patient presents with right wrist pain/weakness with numbness of right hand/fingers, and left wrist pain/weakness with numbness of left hand/fingers. The request is for

TENS unit, 5 months rental. The request for authorization is dated 08/11/15. CT of the left wrist, 03/14/15, shows degenerative changes are seen in the lateral carpal joints. X-ray of the left wrist, 04/24/15, show noncalcifications are seen at the anterior and posterior aspect of the wrist on lateral view. X-ray of the right wrist, left and right hand, 04/24/15, is unremarkable. Physical examination of the bilateral wrists reveals ranges of motion are decreased and painful. There is tenderness to palpation of the dorsal wrist, lateral wrist, medial wrist and volar wrist. There is muscle spasm of the forearm and thenar. Phalen's causes pain. Per progress report dated 08/05/15, the patient remains off-work. MTUS, TENS, chronic pain (transcutaneous electrical nerve stimulation) Section, pages 114-121 states: "A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. For the conditions described below". The guideline states the conditions that TENS can be used for are: Neuropathic pain, Phantom limb pain and CRPS II, Spasticity, and Multiple sclerosis (MS). Treater does not discuss this request. MTUS requires documentation of one month prior to dispensing home units. Guidelines also require documentation of use of TENS, as an adjunct to other treatment modalities, within a functional restoration approach. In this case, there is no record that patient has trialed a TENS unit in the past, and a trial would be indicated. Therefore, the request is not medically necessary.