

<b>Case Number:</b>	CM15-0063869		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	10/24/2013
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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 45 year old female, who sustained an industrial injury on October 24, 2013. She reported gradual onset of pain in her neck, shoulders, arms, wrists, and hands. The injured worker was diagnosed as having discogenic cervical condition with facet inflammation, headaches, and shoulder girdle involvement, disc disease at C2-C3, C4-C5, and C5-C6 with nerve studies showing no radiculopathy, ulnar neuritis bilaterally, carpal tunnel syndrome bilaterally, wrist joint inflammation bilaterally with CMC joint inflammation bilaterally, impingement of shoulder with rotator cuff strain, biceps tendinitis, acromioclavicular joint inflammation bilaterally, and element of depression, insomnia, stress, and anxiety related to orthopedic condition. Treatment to date has included physical therapy, cervical spine MRI, nerve conduction tests, wrists supports, TENS, cervical collar, aqua therapy, bracing, and medication. Currently, the injured worker complains of numbness in her arms and spasms along her neck, with gastrointestinal (GI) irritation. The Treating Physician's report dated March 10, 2015, noted the injured worker with numbness in the ulnar nerve distribution with loss of grip strength, causing her to drop things. Physical examination was noted to show a positive Tinel's at the elbows, especially on the right side, with hyperflexion test positive on the left side. Bilateral carpal tunnel tenderness was noted with bilateral facet tenderness bilaterally. The treatment plan was noted to include provision of a hinged elbow brace, with authorization requests for a 10-panel urine screen, physical therapy for the neck and upper extremities, MRI of bilateral wrists, a fluoroscopic evaluation of the left elbow and the left wrist, and medication including

Fenoprofen, Venlafaxine, Trazadone, Orphenadrine, Topiramate, Eszopiclone, Lidopro cream, Norco, Valium, Colace, and Gabapentin.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **HINGED ELBOW BRACE:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

**Decision rationale:** The patient presents with pain and weakness in her neck and upper extremity. The request is for HINGED ELBOW BRACE. Per 03/10/15 progress report, the patient has had TENS unit, neck pillow and neck traction with air bladder, soft and rigid brace for right and left wrists, hot and cold wrap, and medication. The patient stopped working on 10/24/13. For wrist bracing/splinting, ACOEM Guidelines page 265 states, "When treating with splints and CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting would be used at night and may be used during the day depending upon activity." In this case, the treater does not explain why a hinged elbow brace is being requested. The treater does not document the effectiveness from the previous brace use. However, the patient presents with carpal tunnel syndrome bilaterally as a diagnosis. NCV of the upper extremity from 11/12/13 demonstrates right median neuropathy. Given the patient's persistent complaints of pain and diagnosis of carpal tunnel syndrome, the request of a hinged elbow brace IS medically necessary.

#### **PT X 12 NECK - UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

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

**Decision rationale:** The patient presents with pain and weakness in her neck and upper extremity. The request is for 12 SESSIONS OF PHYSICAL THERAPY FOR THE NECK AND UPPER EXTREMITY. The utilization review letter on 03/30/15 indicates that the patient has had at least 12 sessions of physical therapy in the past. The patient stopped working on 10/24/13. For non-post-operative therapy treatments, MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, the treater does not explain why additional therapy is needed. None of the reports specifically discuss how the patient has responded to the physical therapy in terms of pain reduction or functional improvement. The treater does not explain why the patient is unable to transition into a home program. The current request for 12 combined with at least 12

already received would exceed what is recommended per MTUS guidelines. The request of physical therapy IS NOT medically necessary.

**FLUOROSCOPY LEFT WRIST AND ELBOW:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

**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, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, Fluoroscopy(for ESI's), Forearm, wrist & hand chapter, Radiography.

**Decision rationale:** The patient presents with pain and weakness in her neck and upper extremity. The request is for FLUOROSCOPY ON LEFT WRIST AND ELBOW. Per 03/10/15 progress report, the patient has had a fluoroscopic evaluation of the left shoulder, revealing no calcific lesion or type II acromion. MRI of the neck from 03/23/15 shows disc herniation at C3-4, C4-5 and C5-6. Diagnoses include ulnar neuritis bilaterally, carpal tunnel syndrome bilaterally and wrist joint inflammation bilaterally. ODG guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Fluoroscopy(for ESI's)', has this to say about fluoroscopy "Recommended. Fluoroscopy is considered important in guiding the needle into the epidural space, as controlled studies have found that medication is misplaced in 13% to 34% of epidural steroid injections that are done without fluoroscopy." MTUS guidelines do not discuss X-rays. ACOEM guidelines Special studies and diagnostic and treatment considerations: Chapter: 11, page 268: 178279 supports X-rays "in cases of wrist injury, with snuff box (radial-dorsal wrist) tenderness, but minimal other findings, a scaphoid fracture may be present." ODG guidelines, under Forearm, wrist & hand chapter, Radiography topic, do not recommend it unless there is wrist trauma, first exam, suspected fracture, subluxation, dislocation or ligament injury. For chronic pain, "first study obtained in patient with chronic wrist pain with or without prior injury, no specific area of pain specified." In this case, the treater does not explain why fluoroscopic evaluation of the left wrist and elbow is being requested. The treater does not explain how fluoroscopy is being conducted with ESI or X-ray, for example. There is no documentation regarding elbow and wrist fracture or symptoms except inflammation on wrist. The request IS NOT medically necessary.