

<b>Case Number:</b>	CM15-0077585		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	11/23/2012
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 56-year-old who has filed a claim for chronic wrist pain reportedly associated with an industrial injury of November 23, 2012. In a Utilization Review report dated April 7, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy and MRI imaging of the wrist. Electro diagnostic testing of the right upper extremity, however, was approved. The claims administrator referenced a progress note and associated RFA form of March 26, 2015 in its determination. The applicant's attorney subsequently appealed. On April 20, 2015, the applicant reported ongoing complaints of right upper extremity and right thumb pain. Electro diagnostic testing of the right upper extremity had been completed. The results of the same were pending. The applicant had completed acupuncture. Additional acupuncture was proposed. The applicant exhibited tenderness over the first dorsal compartment of the wrist. The applicant was given operating diagnosis of radial styloid tenosynovitis. Naproxen, Prilosec, additional acupuncture, and a rather proscriptive 5-pound lifting limitation were endorsed. On March 20, 2015, the applicant reported ongoing complaints of wrist pain reportedly attributed to first dorsal compartment tenosynovitis. Twelve sessions of physical therapy were endorsed. The applicant reported difficulty gripping and grasping the steering wheel. The applicant was apparently in the process of transferring care from another provider. The applicant was working, the treating provider reported, despite ongoing pain complaints, difficulty writing, and difficulty gripping and grasping. The applicant was using Tegretol and Xanax. The applicant was asked to pursue electro diagnostic testing of the upper

extremities along with the 12-session physical therapy at issue. MRI imaging of the right wrist, naproxen, Prilosec, and a 5-pound lifting limitation were endorsed.

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

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

**Magnetic resonance imaging (MRI) of the right wrist:** 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): 269.

**Decision rationale:** No, the request for MRI imaging of the wrist was not medically necessary, medically appropriate, or indicated here. The stated diagnoses/operating diagnoses here included paresthesias of the wrist versus suspected carpal tunnel syndrome, strain of wrist, and de Quervain's tenosynovitis. However, the MTUS Guideline in ACOEM Chapter 11, Table 11-6, page 269 scores MRI imaging at 0/4 in its ability to identify and define suspected de Quervain's tendonitis and tenosynovitis, 0/4 in its ability to identify and define wrist strains, and a 1/4 in its ability to identify and define suspected carpal tunnel syndrome. Thus, MRI imaging is scored relatively poorly in its ability to identify and define the diagnoses suspected here, namely de Quervain's tenosynovitis and carpal tunnel syndrome. Therefore, the request was not medically necessary.

**Physical therapy 3 times a week for 4 weeks to the right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Physical Medicine Guidelines.

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

**Decision rationale:** Similarly, the request for 12 sessions of physical therapy was likewise not medically necessary, medically appropriate, or indicated here. The 12-session course of treatment proposed, in and of itself, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnoses reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant's hand and wrist pain appeared to be trending unfavorably over time. The applicant transferred care to and from multiple providers. The applicant was given a more proscriptive 5-pound lifting limitation on recent office visits of early 2015. The applicant was asked to pursue electro diagnostic testing of the wrist. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy over the course of

the claim. Therefore, the request for an additional 12 sessions of physical therapy was not medically necessary.