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| <b>Case Number:</b>   | CM15-0095690 |                              |            |
| <b>Date Assigned:</b> | 05/22/2015   | <b>Date of Injury:</b>       | 06/16/2014 |
| <b>Decision Date:</b> | 09/24/2015   | <b>UR Denial Date:</b>       | 04/20/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/18/2015 |

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 43 year old male, who sustained an industrial injury on 6-16-2014. Diagnoses include right upper extremity overuse syndrome, right wrist sprain or strain, rule out right wrist internal derangement, rule out right carpal tunnel syndrome, right DeQuervain's disease and right wrist contusion. Treatment to date has included diagnostics, modified work, chiropractic manipulation, activity modification, physiotherapy, medications and bracing. Per the Secondary Treating Physician's Progress Report dated 3-06-2015, the injured worker reported frequent, severe, 8 out of 10 achy right wrist pain. Physical examination of the right wrist revealed decreased, painful ranges of motion. There was +3 tenderness of the dorsal wrist and common extensors. Phalen's and Reverse Phalen's cause's pain. The plan of care included continuation of chiropractic care, resend x-rays and follow-up care. Authorization was requested for magnetic resonance imaging (MRI) of the right wrist and a urine toxicology screen.

### 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, Table 11-1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, MRI.

**Decision rationale:** Pursuant to the Official Disability Guidelines, MRI of the right wrist is not medically necessary. MRIs are indicated in selected cases where there is a high clinical suspicion of fracture despite normal radiographs. MRI has been advocated for patients with chronic wrist pain because it enables clinicians to formal global examination of the bony and soft tissue structures. It may be diagnostic in patients with triangular fibrocartilage and intraosseous ligament tears, occult fractures, a vascular process and miscellaneous abnormalities. Indications include chronic wrist pain, plain films are normal, suspect soft tissue tumor; Kienbocks disease. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Under the carpal tunnel syndrome section, MRIs are not recommended in the absence of ambiguous electrodiagnostic studies.

Electrodiagnostic studies are likely to remain the pivotal diagnostic examination in patients with suspected carpal tunnel syndrome for the foreseeable future. In this case, the injured worker's working diagnoses are right upper extremity overuse syndrome; history right wrist crush; rule out right wrist internal derangement; right DeQuervains stenosing tenosynovitis; and rule out right wrist carpal tunnel syndrome. The date injury is June 16, 2014. Request for authorization is April 10, 2015. According to an April 9, 2015 plastic surgery consultation, there are no subjective symptoms documented. Physical examination shows tenderness in the anatomical snuff box with a positive Phalen's and Tinel's. The treating provider ordered MRI. There is no clinical indication or rationale, however it appears the treating provider is seeking to rule out carpal tunnel syndrome. Electrodiagnostic studies on the pivotal diagnostic examination in patients with suspected carpal tunnel syndrome. MR imaging may contribute to the diagnosis of carpal tunnel syndrome for patients with ambiguous electrodiagnostic studies and clinical examinations. Electrodiagnostic studies have not been performed to date. Based on the clinical information and medical record, the peer-reviewed evidence-based guidelines and no documentation with electrodiagnostic studies, MRI of the right wrist is not medically necessary.

**Urine toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-80, 94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine toxicology screen is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances for busy were not can, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is

determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are right upper extremity overuse syndrome; history right wrist crush; rule out right wrist internal derangement; right DeQuervains stenosing tenosynovitis; and rule out right wrist carpal tunnel syndrome. The date injury is June 16, 2014. Request for authorization is April 10, 2015. According to an April 9, 2015 plastic surgery consultation, there are no subjective symptoms documented. Physical examination shows tenderness in the anatomical snuff box with a positive Phalen's and Tinel's. The treating provider ordered MRI. There is no clinical indication or rationale, however it appears the treating provider is seeking to rule out carpal tunnel syndrome. The treating provider prescribed Flexeril, ibuprofen, Menthoderm gel, and Prilosec. There are no opiates prescribed. There is no documentation indicating aberrant drug-related behavior, drug misuse or abuse. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation with aberrant drug-related behavior, drug misuse or abuse and a clinical indication and rationale for a urine drug screen, urine toxicology screen is not medically necessary.