

<b>Case Number:</b>	CM14-0148689		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	02/13/2013
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 52-year-old female who reported an injury on 02/13/2013 due to hitting her elbow on a pallet of wood and felt something pop or tear. She also felt a pop to the wrist as well. The injured worker complained of right wrist pain with a diagnosis of status post remote right wrist surgery with hardware and nerve excision, a right TFCC repair, status post right carpal tunnel release, rule out early symptomatology, remained pain syndrome, right elbow pain, and right shoulder pain. No prior diagnostics provided. Medication included hydrocodone 5/325 mg. Treatment included physical therapy, occupational therapy, braces, and tramadol. The physical examination of the right wrist dated 04/10/2014 revealed neurologically unchanged. Pain with wrist extension against resistance. The reported pain to the right wrist was 7/10 using the VAS. The injured worker was using a TENS unit that diminished pain, improved tolerance to activity. Treatment plan included a CT of the right wrist, EMG of bilateral upper extremities, MRI of the right elbow, TENS unit, and NCV of bilateral upper extremities. The request for authorization for the EMG or electromyogram/nerve conduction velocity study dated 10/24/2014 was submitted with documentation and the request for the MRI dated 03/22/2013 was submitted with the documentation. No other requests were not submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT scan of the right wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Computed tomography (CT)

**Decision rationale:** The request for a CT scan of the right wrist is not medically necessary. The California MTUS/ACOEM Guidelines do not address. The Official Disability Guidelines recommend for indications below: in distal radius fractures where there is a high likelihood of intra-articular incongruence such as a fracture in young adults which frequently results in high energy impact loading. The criteria indicate acute hand or wrist trauma, scaphoid fracture on films, concern with displacement or age of fracture. Acute wrist trauma, comminuted, and distal radius fracture is suspected in incongruity of joint, acute hand or wrist trauma that suspect distal radioulnar joint subluxation, hand or wrist trauma that suspect hook of hamate fracture, initially radiographs normal or equivocal. Acute hand or wrist trauma suspect metacarpal fracture or dislocation and chronic wrist pain, pain more than 3 weeks suspect occult fracture, possibly a hamate, plain films nondiagnostic. The clinical notes were vague for the physical findings from the provider. The injured worker has had multiple physical therapy sessions. Session 8 indicated that the injured worker reported she continued to be able to move her wrists better however, did have some increased pain. The urinalysis dated 04/10/2014 revealed that the urinalysis was negative for the hydrocodone that was prescribed and for the tramadol that the injured worker had been taking prior. As such, the request is not medically necessary.

**EMG bilateral upper extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Electromyography (EMG)

**Decision rationale:** The request for EMG bilateral upper extremities is not medically necessary. The California MTUS/ACOEM Guidelines do not address. The Official Disability Guidelines recommend as an option for closed fractures of distal radius or ulna if necessary to assess nerve injury. Electrodiagnostic testing includes testing for nerve conduction velocities and possibly addition of the electromyograph. Among patients taking treatment for hand and wrist disorders, generally Workers' Compensation patients underwent more procedures and more doctor visits than patients using standard health insurance. The clinical notes did not indicate that the injured worker had a closed fracture. As such, the request is not medically necessary.

**MRI right elbow:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, MRI's

**Decision rationale:** The request for MRI right elbow is not medically necessary. The California MTUS/ACOEM Guidelines do not address. The Official Disability Guidelines recommend as indicated below: chronic elbow pain, suspected intra-articular osteocartilaginous ligamentous body, plain films nondiagnostic; suspect occult injury; osteocorneal injury, plain films nondiagnostic; unstable osteochondral injury, plain films nondiagnostic, a suspect nerve entrapment or mass, plain films non-diagnostic, chronic epichondritis, plain films non-diagnostic; a suspect collateral ligament tear, plain films nondiagnostic; suspect biceps tendon tear and/or bursitis, plain films nondiagnostic. Repeat MRIs are not routinely recommended and should be reserved for a specific change in symptoms and/or findings suggestive of significant pathology. There is a lack of documentation for physical findings related to the elbow. The injured worker complained of wrist pain. The documentation does not meet the above guidelines. As such, the request is not medically necessary.

**Continue TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 114-12.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The request for Continue TENS unit is not medically necessary. The California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality. A 1 month home based TENS trial may be considered as a noninvasive conservative option, if used in conjunction to a program of evidence based functional restoration. The results of studies are inconclusive. The published trials do not provide information on the stimulation parameters which are most likely to provide optimal pain relief or do not address answers about long term effectiveness. It is unclear if the injured worker underwent an adequate TENS trial. The request was also unclear as to if the injured worker needed to rent or purchase the TENS unit. The clinical notes indicated that on 04/10/2014 the injured worker rated her pain 7/10 to the wrist and then again on 07/10/2014 the injured worker again rated her pain 7/10 showing no efficacy of the TENS unit. As such, the request is not medically necessary.

**NCV bilateral upper extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Electromyography (EMG)

**Decision rationale:** The request for NCV bilateral upper extremities is not medically necessary. The California MTUS/ACOEM Guidelines do not address. The Official Disability Guidelines recommend as an option for closed fractures of distal radius or ulna if necessary to assess nerve injury. Electrodiagnostic testing includes testing for nerve conduction velocities and possibly addition of the electromyograph. Among patients taking treatment for hand and wrist disorders, generally Workers' Compensation patients underwent more procedures and more doctor visits than patients using standard health insurance. The clinical notes did not indicate that the injured worker had a closed fracture. As such, the request is not medically necessary.