

Case Number:	CM13-0023912		
Date Assigned:	02/28/2014	Date of Injury:	09/23/2010
Decision Date:	04/15/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	09/13/2013

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 Internal Medicine 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 patient is a 25 year old female with a date of injury on 09/23/2010. She had of elbows, wrists and forearms, worse on the right. This was a repetitive use injury. She had physical therapy most recently in 05/2013 and 06/2013. On 07/22/2013 Tinel sign was positive at the right wrist and right elbow. Sensation was intact. There was no evidence of atrophy. She had previous physical therapy and H unit use and both were helpful. Acupuncture was requested and certified. On 11/13/2013 both upper extremities had a strength of 4/5. She had chronic pain in both upper extremities. On 08/02/2013 it was noted that she had bilateral carpal tunnel syndrome and medial epicondylitis. On 08/30/2013 it was noted that she had carpal tunnel syndrome and bilateral elbow pain. She was taking no pain medications. There was no numbness and no tingling.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) PHYSICAL THERAPY SESSIONS.: Upheld

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

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

Decision rationale: It is unclear how many courses of physical therapy this patient had in the past. The injury was in 2010. She had recent physical therapy in 05/2013 and 06/2013. Chronic Pain Medical Treatment Guidelines note that a few physical therapy visits may be helpful to instruct the patient in a home exercise program. By this point in time relative to the injury she should have been instructed in a home exercise program and there is no documentation that continued formal physical therapy is superior to a home exercise program. The requested additional physical therapy visits in 07/2013 would exceed the maximum of 10 physical therapy visits for MTUS guidelines.

H-WAVE UNIT (FOR HOME USE): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation Page(s): s 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation Page(s): s 117-118.

Decision rationale: MTUS Chronic Pain does not recommend H-wave stimulation as an isolated intervention. She had this treatment in the past and continues to be symptomatic. Also at the time of the request for the H-wave unit, she was certified for acupuncture for pain. A home H wave unit is not a recommended treatment at this time.