

Case Number:	CM13-0032589		
Date Assigned:	12/20/2013	Date of Injury:	04/22/2013
Decision Date:	03/24/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, 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 physician 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 54-year-old female who reported a work-related injury on 4/22/13, secondary to a fall. The patient is diagnosed as status post open reduction internal fixation (ORIF) of the left distal radius fracture on 5/16/13. The patient was seen by [REDACTED] on 9/6/13. The patient reported persistent pain with exercises. Physical examination revealed mild swelling in the volar wrist, painful and limited range of motion, and intact sensation.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 sessions of therapeutic exercises (15 minutes, 2-3 times weekly) for the left wrist and hands: Upheld

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

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

Decision rationale: The California MTUS guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion; it can also alleviate discomfort. The patient has previously participated in a course of occupational therapy. However, there is no

documentation of objective measurable improvement. Therefore, ongoing treatment cannot be determined as medically appropriate. As such, the request is non-certified.

18 therapeutic group procedures 2-3 times weekly for the left wrist and hands: Upheld

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

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

Decision rationale: The California MTUS guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion; it can also alleviate discomfort. The patient has previously participated in a course of occupational therapy. However, there is no documentation of objective measurable improvement. Therefore, ongoing treatment cannot be determined as medically appropriate. As such, the request is non-certified.

18 sessions of myofascial release 2-3 times weekly for the left wrist and hands: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

Decision rationale: The California MTUS guidelines state that massage therapy is recommended for specific indications. Treatment should be in adjunct to other recommended treatment and should be limited to 4-6 visits. The current request for 18 sessions of myofascial release exceeds guideline recommendations. Documentation of objective measurable improvement following the initial course of treatment was not provided. Based on the clinical information received, the request is non-certified.

18 sessions of electrical stimulation 2-3 times weekly for the left wrist and hands: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

Decision rationale: The California MTUS/ACOEM practice guidelines state that physical modalities such as massage, cutaneous laser treatment, cold laser treatment, and transcutaneous electrical stimulation have no scientifically proven efficacy in treating acute hand, wrist, or forearm symptoms. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

18 sessions of ultrasound (15 minutes, 2-3 times weekly) for the left wrist and hands: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 123.

Decision rationale: The California MTUS guidelines state therapeutic ultrasound is not recommended. There is little evidence that active therapeutic ultrasound is more effective than placebo for treating patients with pain or musculoskeletal injuries for promoting soft tissue healing. As guidelines do not recommend ultrasound therapy, the current request is not medically appropriate. Therefore, the request is non-certified.

18 sessions of paraffin bath 2-3 times weekly for the left wrist and hands: 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

Decision rationale: The Official Disability Guidelines state that paraffin wax bathes are recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care. The patient does not maintain a diagnosis of osteoarthritis. Documentation of objective measurable improvement following the previous course of treatment was not provided. Based on the clinical information received, the request is non-certified.

18 sessions of infrared 2-3 times weekly for the left wrist and hands: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

Decision rationale: The California MTUS/ACOEM practice guidelines state that physical modalities such as massage, cutaneous laser treatment, cold laser treatment, and transcutaneous electrical stimulation have no scientifically proven efficacy in treating acute hand, wrist, or forearm symptoms. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.