

Case Number:	CM13-0037571		
Date Assigned:	12/18/2013	Date of Injury:	10/01/2012
Decision Date:	03/11/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/23/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in New York and Texas. 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 61-year-old female who reported an injury on 10/1/12. The patient is diagnosed with right wrist carpal tunnel syndrome and right thumb trigger finger. The patient was seen by [REDACTED] on 9/16/13. The patient reported 8/10 pain. Physical examination revealed tenderness to palpation.

IMR ISSUES, DECISIONS AND RATIONALES

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

physiotherapy once a week for six: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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. Guidelines allow for a fading of treatment frequency and the addition of active self-directed home physical medicine. As per the documentation submitted, the patient has previously participated in at least 15 sessions of physical therapy. However, documentation of the previous course of therapy with

treatment duration and efficacy was not provided for review. Therefore, ongoing treatment cannot be determined as medically appropriate. As such, the request is noncertified.

functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), and the Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cornerstones of Disability Prevention and Management (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 5), pages 89-92; and the Official Disability Guidelines

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available when reassessing function and functional recovery, including functional capacity evaluations. As per the documentation submitted, there is no evidence of previous unsuccessful attempts to return to work. There is no evidence that the patient has reached or is close to maximum medical improvement. There is also no evidence of a defined plan to return to work, including specific goals. Based on the clinical information received, the request is noncertified.

neurostimulator TENS/EMS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that transcutaneous electrotherapy is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. There is no evidence that other appropriate pain modalities have been tried and failed. There is also no evidence of a treatment plan including a specific short and long term goals of treatment with the unit. Furthermore, the California MTUS Guidelines state that there is no support for the use of electrical muscle stimulation units in the management of chronic pain. Based on the clinical information received, and the California MTUS Guidelines, the request is noncertified.