

Case Number:	CM13-0042421		
Date Assigned:	03/03/2014	Date of Injury:	09/12/2010
Decision Date:	12/10/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/17/2013

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 Preventive Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in 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 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 44 year old worker who is reported to have sustained repeated injuries between 03/01/2004 and 09/12/2010. The injured worker complains of worsening of the pain in both hands and back pain. The injured worker had surgery to the left wrist in 10/2012 and to the right wrist in 2012. However, the pain has worsened. The physical examination findings include neck stiffness, tenderness and spasms, as well as restricted range of motion. There was limited range of motion of the lumbar spine, together with tenderness and spasms; positive bilateral straight leg raise; well healed scar on the wrist. Sensations were reduced in the bilateral median nerve distribution. The injured worker was diagnosed of Cervical radiculopathy status post fusion; Lumbar radiculopathy status post discectomy; S/P Carpal Tunnel Release; Gastropathy due to Pain medications. In dispute are requests for hand therapy 3x4 right hand, and H-wave unit for the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand Therapy 3x4 Right Hand: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physical Medicine.

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

Decision rationale: Due to the chronicity of the condition, I used the Chronic Pain guidelines. Hand therapy 3x4 right hand would mean three physical therapy visits for four weeks. This exceeds the recommendation made by the MTUS. The guidelines recommend instructing the patient to continue active therapies at home as an extension of the treatment in order to maintain improvement levels. Consequently, the MTUS recommends up to 3 physical therapy visits per week, and then gradually decrease to 1 visit per week, or none, to be followed by active self-directed home physical medicine. Hand therapy 3x4 right hand is not medically necessary, as it exceeds the recommended sessions in a chronic pain case.

H-Wave Unit for the Right Hand: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation H-Wave Stimulation (HWT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117.

Decision rationale: The MTUS regards the H-Wave as the 4th line of treatment that can be combined to a functional restoration program after failure of medications, Physical therapy, and TENS unit. The MTUS recommends an initial one month trial of H-Wave, and then following a documented improvement, a decision could be made to use it. The documents reviewed do not indicate the injured worker has had failed treatment with physical therapy and TENs unit. Also, the request does not specify how long it would be used. Therefore, H-wave is not medically necessary.