

Case Number:	CM13-0042902		
Date Assigned:	12/27/2013	Date of Injury:	02/12/2010
Decision Date:	02/24/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/30/2013

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, has a subspecialty in Pain Management and is licensed to practice in Texas and Oklahoma. 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 60-year-old female who reported an injury on 02/12/2010. The patient is diagnosed with cervical spine sprain and strain, status post trigger release, status post bilateral carpal tunnel release, and status post right shoulder arthroscopy. The patient was seen by [REDACTED] on 08/20/2013. The patient reported cervical spine pain. Physical examination revealed mild distress with guarding. Treatment recommendations included a solar care FIR for the right wrist, as well as physical therapy and acupuncture treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Solar Care FIR Heating System for the Wrist 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation, 9th Edition (web).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter, Heat Therapy.

Decision rationale: California MTUS/ACOEM Practice Guidelines state physical modalities have no scientifically-proven efficacy in treating acute hand, wrist, or forearm symptoms. Patients' at home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. Official Disability Guidelines recommend at-home local applications of cold packs in the first few days of acute complaints followed by applications of heat therapy. As per the clinical documentation submitted, there is no evidence of a comprehensive physical examination on the requesting date of 08/20/2013. Therefore, there is no evidence of a significant musculoskeletal or neurological deficit with regard to the right wrist. While it is noted that the patient is status post bilateral carpal tunnel release, there is no evidence of a failure to respond to more traditional heat applications, as opposed to a heating system. The medical necessity has not been established. As such, the request is non-certified.

Physical Therapy 2 x 3 left shoulder QTY: 6.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Physical Therapy.

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency, plus active self-directed home physical medicine. As per the clinical documentation submitted, the patient is status post right shoulder arthroscopy. There is no documentation of a comprehensive physical examination on the requesting date of 08/20/2013. Therefore, there is no evidence of a significant musculoskeletal or neurological deficit with regard to the right shoulder. Additionally, there is no evidence of the patient's previous postoperative course of physical therapy, with total treatment duration and treatment efficacy provided for review. Based on the clinical information received, the request is non-certified.