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| Case Number: | CM13-0043150 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 10/03/2012 |
| Decision Date: | 02/13/2014 | UR Denial Date: | 10/15/2013 |
| Priority: | Standard | Application Received: | 10/21/2013 |

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 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:

This 45 year-old female sustained an injury on 10/3/12 while employed by the Permanente Medical Group. Requests under consideration include TENS Unit, Parabath Wax, and Physical Therapy x 6 session. Report dated 9/26/13 from [REDACTED] noted the patient is status/post carpal tunnel release on 7/29/13 and reports benefit from the 5 completed physical therapy sessions. The patient complained of generalized tenderness in the thoracic/cervical paraspinal muscles without vertebral tenderness; tenderness in the common extensor origin to the lateral epicondyle in bilateral trapezius muscles, bilateral shoulder supraspinatus, upper extremities and sensitive and tender left carpal tunnel surgical scar. Exam showed decreased sensation in the median nerve distribution of bilateral wrists, otherwise full sensation in all dermatomes; normal muscle strength in bilateral upper extremities; positive carpal compression test and tennis elbow test and Phalen's. Treatment included work restrictions of no mouse or keyboard use, repetitive hand motions, lift/carry/push/pull over 1 pound; no gripping/grasping of bilateral hands; and no writing; trial TENS unit x 3 months, paraffin wax bath, custom splints made in PT, and physical therapy for 6 additional visits to improve painless range, increase strength, decrease pain and develop/update the home exercise program. Request for additional PT was partially-certified on 10/15/13 for an additional 2 sessions, citing guidelines criteria.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain Page(s): 114-117.

Decision rationale: This 45 year-old female sustained an injury on 10/3/12 while employed by the Permanente Medical Group. Report dated 9/26/13 from [REDACTED] noted the patient is status/post carpal tunnel release on 7/29/13 and reports benefit from the 5 completed physical therapy sessions. Treatment included trial TENS 3 months, paraffin wax bath, custom splints made in PT, and physical therapy for 6 additional visits to improve painless range, increase strength, decrease pain and develop/update the home exercise program. Per Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. It appears the patient has received extensive conservative treatment to include medications, therapy modalities, and rest; however, functional status and pain relief remain unchanged. There is no documented short-term or long-term goals of treatment with the TENS unit. Submitted reports have not adequately addressed or demonstrated any functional benefit or pain relief as part of the functional restoration approach to support the request for the Home TENS Unit. There is no evidence for change in work status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the physical therapy treatment already rendered for this request of TENS unit for 3 months, outside guidelines' recommendation for 30-day trial. The TENS Unit is not medically necessary and appropriate.

The request for Parabath Wax: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Forearm, Wrist and Hand.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand, Paraffin Wax Baths, page 172.

Decision rationale: This 45 year-old female sustained an injury on 10/3/12 while employed by the Permanente Medical Group. Report dated 9/26/13 from [REDACTED] noted the patient is status/post carpal tunnel release on 7/29/13 and reports benefit from the 5 completed physical therapy sessions. Treatment included trial TENS 3 months, paraffin wax bath, custom splints made in PT, and physical therapy for 6 additional visits to improve painless range, increase strength, decrease pain and develop/update the home exercise program. Paraffin bath unit for wax treatment is a passive modality providing concentrated heat that may be a short-term option for arthritis per guidelines. This 45 year-old female is status/post carpal tunnel release and continues to treat for persistent chronic pain with clinical findings related to median nerve

disorder without diagnoses for arthritis. Official Disability Guidelines states the paraffin wax bath is recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise). According to a Cochrane review, paraffin wax baths combined with exercises can be recommended for beneficial short-term effects for arthritic hands. These conclusions are limited by methodological considerations such as the poor quality of trials. Submitted reports have not adequately demonstrated support or medical indication for this paraffin unit. The Parabath Wax is not medically necessary and appropriate.

The request for Physical Therapy x 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines Page(s): 6.

Decision rationale: This female sustained an injury on 10/3/12 while employed by the Permanente Medical Group. Report dated 9/26/13 from Dr. Thierer noted the patient is status/post carpal tunnel release on 7/29/13 and reports benefit from the 5 completed physical therapy sessions. Treatment included trial TENS 3 months, paraffin wax bath, custom splints made in PT, and physical therapy for 6 additional visits to improve painless range, increase strength, decrease pain and develop/update the home exercise program. Submitted reports have not demonstrated specific limitations in ADLs and what objective measurable improvements are set from the additional physical therapy requests. There is no acute flare-up reported and she continues with persistent pain symptoms with unchanged medication profile. At this stage, the patient should have the knowledge and instruction to transition to an independent home exercise program. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased Range Of Motion, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit and unchanged chronic symptom complaints. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Post-surgical treatment guidelines for post carpal tunnel release performed over 6 months ago may justify 3 to 5 visits over 4 weeks after surgery, up to the maximums of 8 for open release as benefits need to be documented after the first week, and prolonged therapy visits are not supported. The patient has completed 5 sessions with 2 recent additional sessions certified without fading of treatment to an independent self-directed home program. The employee has received enough therapy sessions recommended for this post-surgical period. Physical Therapy x 6 sessions is not medically necessary and appropriate