

Case Number:	CM13-0048600		
Date Assigned:	12/27/2013	Date of Injury:	08/13/2013
Decision Date:	03/06/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/06/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 46-year-old male with date of injury on 08/13/2013. Medical records show that the patient's diagnoses include carpal tunnel syndrome with sprain/strain of the right wrist. The record shows that the patient was also diagnosed with stress, anxiety, and insomnia. The patient complains of right wrist, hand, and finger pain radiating to the elbow. Exam findings include limited range of motion in the right wrist. A request was made for functional capacity evaluation, TENS unit, psychiatric evaluation and treatment, and physiotherapy 2 times a week for 6 weeks

IMR ISSUES, DECISIONS AND RATIONALES

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

A functional capacity evaluation: 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).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The patient continues with right wrist pain after a crushing injury on 08/13/2013. The exam findings on the doctor's first report indicate limited range of motion but do not describe any numeric scale range of motion reported. ACOEM Guidelines regarding

functional capacity evaluation state that the examiner is responsible for determining whether the impairment results and functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. The employer or claim administrator may request functional ability evaluations. These assessments also may be ordered by the treating or evaluation physician if the physician feels the information for such test is crucial. No rationale was provided by the treating physician in regards to how the information from a functional capacity evaluation is crucial to this case. Therefore, the requested functional capacity evaluation is not medically necessary and appropriate.

Neuromuscular TENS/EMS unit: 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 TENS Page(s): 116.

Decision rationale: The Chronic Pain Medical Treatment Guidelines regarding TENS unit state that TENS unit therapy is not recommended as a primary treating modality, but a 1-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration.

Psychological evaluation and treatment: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions,. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, pg. 127.

Decision rationale: The records provided for review indicate that patient suffers from stress and anxiety as well as insomnia. The Chronic Pain Medical Treatment Guidelines regarding behavioral interventions states that identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. The ACOEM Guidelines also states that the occupational health practitioner may refer to other specialist if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Therefore, the request for a psychological evaluation and treatment are medically necessary and appropriate.

Physiotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The patient continues with right wrist pain after a crushing injury on 08/13/2013. The exam findings on the doctor's first report indicate limited range of motion. The Chronic Pain Medical Treatment Guidelines regarding physical medicine recommends 8-10 visits of physical therapy for neuralgia, neuritis, and radiculitis, unspecified. It is unclear from the records if the patient has had any recent physical therapy, however, the request for 12 sessions of therapy exceeds the recommended amount. Therefore, the requested physiotherapy is not medically necessary and appropriate.