

Case Number:	CM13-0065052		
Date Assigned:	01/03/2014	Date of Injury:	08/14/2013
Decision Date:	05/16/2014	UR Denial Date:	11/29/2013
Priority:	Standard	Application Received:	12/12/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 46-year-old female who reported injury on 08/14/2013. The mechanism of injury was not provided. The documentation of 11/20/2013 revealed the injured worker had completed 6 sessions of physical therapy which she found helpful. She indicated it had helped with posture and stretching techniques. The injured worker reported a decrease in symptoms regarding paresthesias to the right hand and lateral epicondyle. Additionally, it was indicated the injured worker was utilizing a TENS daily and using a splint at bedtime. The physical examination revealed the injured worker had an improved grip on the right. The diagnoses included carpal tunnel syndrome, sprain/strain of cervical spine, and myofascial pain. The treatment included TENS 4 pads, 4 sessions of physical therapy to the right wrist for postural awareness and strengthening and transition to a home exercise program, tramadol 50 mg, ibuprofen, and a foam roller for independent exercise program, and pectoral stretches and wrist stretches as instructed.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY VISITS FOR THE RIGHT WRIST, POSTURE, STRENGTHENING AND TRANSITION TO HEP (4 VISITS): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter, Physical Medicine

Decision rationale: The Official Disability Guidelines indicate that medical treatment for carpal tunnel syndrome is 1 visit to 3 visits. Additionally, when treatment duration and/or number of visits exceed the guidelines, exceptional factors should be noted. The injured worker had participated in 6 visits of physical therapy. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant non-adherence to guideline recommendations. The clinical documentation failed to indicate the injured worker had functional deficits. The request for physical therapy visits for the right wrist, posture, and strengthening and transition to HEP 4 is not medically necessary.

TENS SUPPLIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, TENS (Transcutaneous Electrical Neurostimulation)

Decision rationale: There was no application of California MTUS Chronic Pain Guidelines as the injury was reported as 08/14/2013. As such, there was application of secondary guidelines, Official Disability Guidelines. Official Disability Guidelines indicate a TENS unit is not recommended in the treatment of carpal tunnel syndrome. The clinical documentation submitted for review indicated the injured worker was utilizing a TENS unit daily. However, there was a lack of documentation of objective functional benefit that was received from the use of a TENS unit. The request as submitted failed to indicate the quantity of supplies being requested. Given the above, the request for TENS supplies is not medically necessary.