MAXIMUS Federal Services

Case Number:	CM13-0071712		
Date Assigned:	01/08/2014	Date of Injury:	01/12/2013
Decision Date:	04/22/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/30/2013

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 and Rehabilitation, has a subspecialty in Pain Medicine, 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 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 patient is a 31-year-old male who was injured on 01/08/2013 while cutting the cap off a pipe by holding on to the pipe with his left hand. The pipe slipped from the patient's left hand and he cut his left wrist severely. Prior treatment history has included work hardening. Progress report (PR-2) dated 10/16/2013 documented the patient to have complaints occasional moderate pain that was described as aching. The pain was aggravated by gripping and grasping. The patient reported that his left thumb goes numb. Objective findings on exam included examination of wrists and hands revealing a +3 spasm, tenderness to the left anterior wrist, left posterior extensor tends and the scar in the palm. Bracelet test was positive on the left. Phalen's was negative. Progress report dated 11/27/2013 documented the patient with complaints of occasional moderate pain in the left wrist described as aching and aggravated by repetitive use. Objective findings on exam included there was a +3 spasm, tenderness to the left anterior wrist, left posterior extensor tendons and the scar in the palm. Bracelet test was positive on the left. Phalen's was positive on the left. The diagnostic impression: (pertaining to this request) 1. Carpal Tunnel Syndrome (Median nerve entrapment at left wrist). 2. Tendinitis/Bursitis of the left hand/wrist. 3. Left Carpal sprain/strain. The treatment plan includes work hardening.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 SESSIONS OF THERAPEUTIC ELECTRICAL MUSCLE STIMULATION TO THE LEFT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265,Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

Decision rationale: Per CA MTUS, "physical modalities, such as massage, diathermy, cutaneous laser treatment, "cold" laser treatment, transcutaneous electrical neurostimulation (TENS) units, and biofeedback have no scientifically proven efficacy in treating acute hand, wrist, or forearm symptoms." Chronic pain section reports evidence is lacking concerning the effectiveness of the treatment. There should also be evidence that other appropriate pain modalities have been tried and failed. The records document the patient is currently in work hardening with gain. The medical necessity for this request has not been established.