

Case Number:	CM14-0183682		
Date Assigned:	11/10/2014	Date of Injury:	03/13/2014
Decision Date:	12/26/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/04/2014

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 Pain Management, 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 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 26 year old with an injury date on 3/13/14. Patient complains of constant pain in the left hand rated 7/10 with spasm, numbness, tingling, weakness, burning sensation and occasional swelling per 9/30/14 report. Patient is not working, and is not doing any chores, as she can lift approximately 4 pounds with the left arm but more than 20 pounds with the right arm per 9/30/14 report. Based on the 9/30/14 progress report provided by the treating physician, the diagnosis is wrist joint inflammation on the left. Exam on 9/30/14 showed "positive Tinel's at the wrist, tenderness to palpation along the CMC and first extensor. Mildly positive Phalen on the left, negative on right." No range of motion testing of the wrists was found in reports. Patient's treatment history includes medications (Ultracet which is helping per 9/30/14 report), hand brace, TENS unit, cryotherapy, physical therapy (but not recently per 9/30/14 report). The treating physician is requesting hand therapy x 12 visits, and TENS pad - left hand. The utilization review determination being challenged is dated 10/21/14. The treating physician provided treatment reports from 3/13/14 to 9/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand Therapy x 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, 113.

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

Decision rationale: This patient presents with left hand pain. The treater has asked for HAND THERAPY x 12 visits on 9/30/14. Review of the reports do not show any evidence of therapy being done in the past, and 9/30/14 report states: "she has not had any recent therapy." MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, there is no record of recent therapy and a short course of treatment may be reasonable for a flare-up, declined function or new injury. However, the treater does not indicate any rationale or goals for the requested 12 sessions of therapy. There is no discussion regarding treatment history to determine how the patient has responded to therapy treatments. Furthermore, the requested 12 sessions exceed what is allowed by MTUS for this type of condition. Recommendation is for denial.

TENS Pad - Left Hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. TENS, chronic pain (transcutaneous electrical nerve stimulation)

Decision rationale: This patient presents with left hand pain. The treater has asked for TENS PAD - left hand on 9/30/14. Patient has been using a TENS unit since 4/4/14 report, and is currently using a TENS unit without mention of its efficacy. Regarding TENS units, MTUS guidelines allow a one month home based trial accompanied by documentation of improvement in pain/function for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple sclerosis. In this case, the patient has been using a TENS unit for 5 months and the treater is requesting additional pads which would be reasonable. However, there is no documentation of an improvement in pain/function in relation to use of TENS unit. As continued use of a TENS unit is not indicated, neither is a refill of the pads for a TENS unit. Recommendation is for denial.