

Case Number:	CM14-0020390		
Date Assigned:	07/02/2014	Date of Injury:	10/27/2013
Decision Date:	08/05/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/19/2014

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 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 36-year-old female who reported an injury on 10/02/2013. The mechanism of injury was a fall. The diagnoses included left carpal tunnel syndrome, bilateral wrist tendonitis, and bilateral internal derangement. Previous treatments included x-rays and medication. Within the clinical note dated 01/07/2014, reported the injured worker complained of occasional sharp right hand pain. She reported the pain was shooting pain in the right hand with weakness. She rated her pain 3/10 to 5/10 in severity. The injured worker complained of left hand pain, which she described as sharp, shooting pain with weakness. She rated her pain 2/10 in severity. She reported right knee pain, which she described as frequent, sharp, shooting pain which she rated 6/10 to 8/10 in severity. The injured worker complained of a left knee pain. She described the pain as intermittent, sharp, shooting pain in the left knee. She rated her pain 2/10 to 4/10 in severity. On the physical examination, the provider noted the injured worker had a positive Tinel's carpal tunnel test on the left. The carpal compression test positive bilaterally. The provider noted lumbar flexion was at 50 degrees, extension at 25 degrees, left wrist flexion at 60 degrees, and extension at 60 degrees, right wrist flexion at 60 degrees, and extension at 60 degrees, left knee flexion at 100 degrees and extension at 0, and right knee flexion at 90 degrees, and extension at 0 degrees. The provider requested physiotherapy and transcutaneous electrical nerve stimulation (TENS) unit to increase mobility, increase range of motion, and increase function. The Request for Authorization was submitted and dated on 01/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy, two (2) times a week for four (4) weeks to bilateral knees and hands/wrist:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Physical Method. Decision based on Non-MTUS Citation Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 13) pg, Section home exercise, and Non-MTUS: Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter, Physical Medicine Treatment.

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

Decision rationale: The injured worker complained of left hand pain, which she described as sharp, shooting pain with weakness. The injured worker rated her pain 2/10 in severity. The injured worker reported right knee pain, which she described as frequent, sharp, shooting pain which she rated 6/10 to 8/10 in severity. The injured worker also complained of a left knee pain. She described the pain as intermittent, sharp, shooting pain in the left knee. The injured worker rated her pain 2/10 to 4/10 in severity. The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The MTUS guidelines allow for fading of frequency plus active self-directed home physical medicine. The guidelines note for neuralgia and myalgia 8 to 10 visits of physical therapy are recommended. The clinical documentation submitted did not demonstrate the injured worker had decreased functional ability, decreased range of motion, or decreased strength or flexibility. There is a lack of documentation indicating the injured worker is treated for or diagnosed with neuralgia or myalgia. Therefore, the request for physiotherapy, two (2) times a week for four (4) weeks to bilateral knees and hands/wrist is non-certified.

TENS UNIT FOR PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

Decision rationale: The injured worker also complained of left hand pain, which she described as sharp, shooting pain with weakness. She rated her pain 2/10 in severity. The injured worker reported right knee pain, which she described as frequent, sharp, shooting pain which she rated 6/10 to 8/10 in severity. The injured worker also complained of a left knee pain. She described the pain as intermittent, sharp, shooting pain in the left knee. She rated her pain 2/10 to 4/10 in severity. The California MTUS Guidelines do not recommend a transcutaneous electrical nerve stimulation (TENS) unit as a primary treatment modality. A one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. There is evidence that other appropriate pain modalities

have been tried (including medication) and failed. The results of studies are inconclusive. The published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. There is a lack of documentation indicating significant deficits upon the physical examination. There is a lack of documentation indicating the injured worker has tried and failed on conservative care. The clinical documentation submitted does not indicate whether the injured worker has undergone an adequate trial of a TENS unit. The MTUS guidelines also note rental would be preferred over purchase during the trial. Additionally, the request does not specify a treatment site. Therefore, the request for TENS unit for purchase is non-certified.