

Case Number:	CM14-0026105		
Date Assigned:	06/13/2014	Date of Injury:	01/30/2012
Decision Date:	07/21/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/28/2014

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 and 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 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 58-year-old female with a date of injury of 01/30/2012. The patient's diagnoses included a sprain/strain tendinitis of right wrist, mild bilateral carpal tunnel syndrome, status post left carpal tunnel release, status post right shoulder arthroscopic rotator cuff repair, impingement syndrome possible rotator cuff tear in left shoulder and status post right carpal tunnel release. According to a 11/22/2013 progress report by [REDACTED], this patient is status post left carpal tunnel release and right carpal tunnel release and continues with right wrist and finger pain. The patient rates the pain 2/10. The patient reports having 7 sessions of physical therapy so far with benefit noted. Examination revealed tenderness in the right lateral epicondyle and over the right wrist incision. The physician recommends additional physical therapy 2 times a week for 4 weeks as the patient is "making progress but has had multiple surgeries which impede further progress." On 12/27/2013, [REDACTED] recommended the patient continue with post-op physical therapy and prescribed Motrin 800 mg #30. Report 02/28/2014 indicates the patient continues with bilateral wrist pain which is aggravated with repetitive grasping and squeezing. It was noted the patient is utilizing an H-wave at home with noted benefit in the reduction of swelling, pain, and the use of oral medication. Recommendation is for H-wave unit as the patient receives "more benefit from the H-wave than any other modality used" and additional 8 sessions of physical therapy for the right wrist and hand. The utilization review denied the requests on 01/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS (RIGHT WRIST/HAND): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: This patient is status post right carpal tunnel release on 10/10/2013 with some residual pain and swelling. The physician is requesting additional physical therapy 2 times a week for 4 weeks. The medical records indicate that the patient received 8 postoperative occupational therapies. On 11/22/2013, [REDACTED] noted "benefit" with physical therapy so far. He recommended patient continue home exercise program as well as requesting 8 physical therapy sessions as the patient was making progress. For carpal tunnel syndrome, the MTUS Postsurgical Guidelines page 15 allow for 3 to 8 sessions over 3 to 5 weeks. The patient has completed 8 postoperative physical therapy sessions which noted "benefit." However, review of the physical therapy reports indicates on the first day of therapy, the patient rated average pain of 4/10. On the last day of treatment, the patient rated average pain of 3/10. There is no further discussion or documentation of objective improvement from the therapy. For additional treatments, MTUS Guidelines state that "continued visit should be contingent on documentation of objective improvement, i.e., visual analogue scale improvement greater than 4 and long term resolution of symptoms." In this case, such improvement has not been documented. The requested additional 8 sessions are not medically necessary.

H WAVE UNIT (RENTAL OR PURCHASE): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation Page(s): 117-118.

Decision rationale: This patient is status post right carpal tunnel release on 10/10/2013 with some residual pain and swelling. The physician is requesting the patient continue with H-wave unit and is requesting a rental or purchase. Per the MTUS Guidelines, "H-wave is not recommended as an isolated intervention but a 1-month home-based trial of H-wave stimulation may be considered as non-invasive conservative option for diabetic neuropathic pain or soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration and only following failure of initially recommended conservative care including physical therapy, medication, and TENS unit." Review of reports from 08/02/2013 to 02/28/2014 does not show that this patient has tried a TENS unit as required by MTUS. In this case, the physician is requesting a "purchase or rental of an H-wave unit" without trying a TENS unit. Therefore the request is not medically necessary.

