

Case Number:	CM14-0030723		
Date Assigned:	06/20/2014	Date of Injury:	04/11/2011
Decision Date:	08/13/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	03/11/2014

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 & Rehab, 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 37 year old with an injury date on 4/11/11. Patient complains of radiating neck pain, upper/middle/lower back pain, left upper extremity pain, bilateral shoulder pain, bilateral wrist pain rated 7/10, and gradual in onset per 1/28/14 report. The pain is aching, cramping, sharp, and hands swell so much that patient is unable to close hands into fist per 1/28/14 report. Numbness has resolved after multiple surgeries, but fingers are in pain, hands are weak, and still feels shooting pain in elbows, shoulders, and neck per 1/28/14 report. Based on the 2/5/14 progress report provided by [REDACTED] the diagnoses are: 1. elbow pain. 2. entrapment neuropathy upper limb. 3. extremity pain. 4. hand pain. 5. joint pain. 6. shoulder pain. 7. later epicondylitis. 8. spasm of muscle. Exam on 1/28/14 showed "patient unable to make a fist with either hand. Unable to bend left index finger at the PIP. Has trigger finger on the right (5th digit). Swelling of all the fingers of each hand and along metacarpal joints. Tenderness to palpation at bilateral lateral epicondyles. Tenderness along the AC joints and upper trapezii bilaterally. Thenar atrophy on the right. Sensation is decreased diffusely in bilateral hands." [REDACTED] is requesting 12 sessions of physical therapy with a hand therapy specialist (OT) and TENS unit purchase. The utilization review determination being challenged is dated 2/6/14. [REDACTED] is the requesting provider, and he provided treatment reports from 10/5/13 to 2/5/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF PT WITH A HAND THERAPY SPECIALIST (OT): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines X MTUS pg. 98, 99.

Decision rationale: This patient presents with neck pain, back pain, left upper extremity pain, bilateral shoulder pain, bilateral wrist pain and is s/p trigger finger surgery on 3rd digit of right hand from May 2012, and bilateral carpal tunnel release from 2011. The treater has asked for 12 sessions of physical therapy with a hand therapy specialist (OT) on 2/5/14. Review of the report shows one prior physical therapy session from October 2013. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the patient is more than a year removed from hand surgery, and still has functional deficits noted. Given a single session of recent therapy, a short course of physical therapy would be appropriate but the requested 12 physical therapy sessions exceeds MTUS guidelines for this type of condition. The request is not medically necessary.

TENS UNIT PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, CHRONIC PAIN (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines for TENS, pg114-121, Transcutaneous electrotherapy.

Decision rationale: This patient presents with neck pain, back pain, left upper extremity pain, bilateral shoulder pain, bilateral wrist pain and is s/p trigger finger surgery on 3rd digit of right hand from May 2012, and bilateral carpal tunnel release from 2011. The treater has asked for TENS unit purchase on 2/5/14. Review of the records shows no evidence of a prior TENS trial. 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, patient has proven unresponsive to wide range of conservative treatments and has persistent symptoms. Request for TENS unit is appropriate but MTUS first recommends trying one-month rental prior to a purchase. Given the request is for a purchase rather than a one-month rental trial, the request is not medically necessary.