

Case Number:	CM14-0040847		
Date Assigned:	06/27/2014	Date of Injury:	08/10/2012
Decision Date:	08/18/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/07/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 39-year-old female was reportedly injured on August 10, 2012. The mechanism of injury is noted as cumulative trauma. The most recent progress note, dated January 7, 2014, indicates that there are ongoing complaints of left wrist pain and a burning sensation. The physical examination demonstrated a left wrist Tinel's test. Continued physical therapy was recommended. Diagnostic nerve conduction studies dated November 14, 2012, showed bilateral carpal tunnel syndrome on the right greater than the left side. Previous treatment includes carpal tunnel surgery for the left wrist. A request was made for continued postoperative physical therapy, chiropractic evaluation and treatment, and the use of Interferential (IF) 4 unit and was not certified in the pre-authorization process on March 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential (IF) 4 Unit Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the use of an inferential current stimulator is only indicated if pain is ineffectively controlled due to diminished effectiveness of medications or their side effects or if pain from postoperative conditions limits the ability to perform exercise programs and physical therapy. According to the medical record, the injured employee has participated in physical therapy without problems nor are oral pain medications stated to be ineffective. For these reasons, this request for an IF 4 unit for purchase is not medically necessary.

Continue post-operative physical therapy (Paraffin bath, exercise and massage to the left wrist) 2 times 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM, Pain, Suffering and the Restoration of Function Chapter, page 114 Official Disability Guidelines (ODG) Forearm, Wrist and Hand Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Carpal Tunnel Syndrome, Physical Medicine, Updated February 20, 2014.

Decision rationale: According to the Official Disability Guidelines, paraffin wax baths are only indicated as an optional treatment for arthritic hands. The injured employee is not stated to have arthritis in the hands. Additionally, physical therapy for postsurgical treatment of carpal tunnel syndrome is suggested to be limited to 3 to 8 visits over 3 to 5 weeks time. It is unclear how many visits of physical therapy the injured employee has had thus far and what the efficacy of those visits have been. For these reasons, this request for postoperative physical therapy including paraffin baths, exercise and massage is not medically necessary.

Chiropractic evaluation and treat 1 times 4 to left wrist/hand for supervised therapeutic exercises: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand Chapter, Manipulation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Manipulation, Updated February 20, 2014.

Decision rationale: According to the Official Disability Guidelines, chiropractic manipulation is not recommended for treatment for carpal tunnel syndrome as high quality studies have shown that it is not been proven effective. Therefore, this request for a chiropractic evaluation for the wrist/hand is not medically necessary.