

Case Number:	CM14-0047714		
Date Assigned:	07/02/2014	Date of Injury:	09/20/2013
Decision Date:	08/22/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/15/2014

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 Internal Medicine, has a subspecialty in Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 41 year-old with a date of injury of 09/20/13. A progress report associated with the request for services, dated 03/25/14, identified subjective complaints of pain in the right wrist and hands. Objective findings included decreased strength and range-of-motion of the right wrist. Diagnoses included right wrist strain; laceration of the right hand with tendinitis; and numbness of the right hand. Treatment indicated no medications. He had physical therapy from October 2013 to February 2014. A Utilization Review determination was rendered on 04/04/14 recommending non-certification of Outpatient Physical therapy 3x4 right wrist/hand; Functional Capacity Evaluation; One month home-based trial for neurostimulator TENS-EMS; Right wrist cock-up splint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Physical therapy 3x4 right wrist/hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand, Physical Therapy.

Decision rationale: The Chronic Pain section of the Medical Treatment Utilization Schedule (MTUS) recommends physical therapy with fading of treatment frequency associated with active therapies at home as an extension of the treatment process in order to maintain improvement levels. Specifically, for myalgia and myositis, 9-10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks. The ODG states that for wrist strain and pain, 9 visits over 8 weeks are recommended. The patient has received an unspecified number of previous physical therapy sessions. An additional 12 sessions are requested, which exceeds the recommendation of 10 visits. Functional improvement must be clearly defined for additional physical therapy. In this case, the record does not document previous functional improvement and therefore the medical necessity for 12 additional physical therapy sessions.

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Duty Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 81, Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional Capacity Evaluation.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Guidelines state that a Functional Capacity Evaluation (FCE) may be necessary as part of a work hardening program where functional limitations preclude the ability to safely achieve current job demands that are at a medium to high level (not clerical/sedentary work). Chapter 5 of the ACOEM states that a clinician should specify what a patient is currently able and unable to do. Often this can be ascertained from the history, from questions about activities, and then extrapolating based on other patients with similar conditions. If unable to do this, then under some circumstances, this can be done through an FCE. The Official Disability Guidelines state that an FCE should be considered if a patient has undergone prior unsuccessful return to work attempts. They do note that an FCE is more likely to be successful if the worker is actively participating in determining the suitability of a particular job. They also note that the patient should be close to maximum medical improvement. The following guidelines are for performing an FCE are listed: Case management is hampered by complex issues such as: Prior unsuccessful return to work attempts; Conflicting medical reporting on precautions and/or fitness for modified job, Injuries that require detailed exploration of a worker's abilities, Timing is appropriate: Close or at maximum medical improvement / all key medical reports secured, Additional / secondary conditions clarified. Do not proceed with an FCE if: The sole purpose is to determine a worker's effort or compliance. The worker has returned to work and an ergonomic assessment has not been arranged. The claimant was on modified duty and recommendation was for full duty. Therefore, functional capacity has been defined. Likewise, the above criteria have not been met. The claimant has not reached maximum medical improvement. There have been no prior unsuccessful return- to-work attempts. Therefore, there is no documented medical necessity for a Functional Capacity Examination.

One month home-based trial fo neurostimulator TENS-EMS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 271, Chronic Pain Treatment Guidelines TENS Page(s): 114-117.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) states that TENS units are not recommended for joints of the upper extremity. They further state that: ... TENS units have no scientifically proven efficacy in treating acute hand, wrist, or forearm symptoms. The MTUS Chronic Pain Guidelines state that TENS is not indicated as a primary treatment modality. However, a one month trial is considered appropriate if used as an adjunct to an evidence-based program of functional restoration. The recommended types of pain include: Neuropathic pain, CRPS I and II, Phantom limb pain, Spasticity, Multiple sclerosis, For chronic intractable pain from these conditions, the following criteria must be met: Documentation of pain for at least three months duration, Evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented with documentation of how often it was used, as well as the outcomes in terms of pain relief and function. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. The MTUS also states that neuromuscular electrical stimulation is not recommended. It is used primarily for rehabilitation following stroke and there is no evidence to support its use in chronic pain. In this case, the TENS unit is being requested for a type of pain not specified as indicated for treatment. There is no data supporting benefit of TENS for the wrist. Also, criteria noted above (documentation of short- and long-term goals) have not been met. Therefore, there is no documented medical necessity for a one-month trial of a TENS unit.

Right wrist cock-up splint: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand, Splints.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that splinting is a first line conservative treatment. However, prolonged splinting can lead to weakness. The Official Disability Guidelines (ODG) state that splints can ease the pain of arthritis. Studies involved the intermittent use of custom-made rigid long and short splints. The non-certification was based upon lack of a rationale for the use of the splint. If properly applied, the evidence does indicate value in splinting certain wrist conditions. Therefore, the record does document the medical necessity for a cock-up wrist splint.