

Case Number:	CM14-0191378		
Date Assigned:	11/25/2014	Date of Injury:	09/01/2011
Decision Date:	01/09/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/17/2014

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 Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 59-year-old woman with a date of injury of 09/01/2011. A QME report dated 07/07/2014 identified the mechanism of injury as on-going trauma over time, resulting in right arm pain and numbness. This QME report and treating physician notes dated 05/21/2014 and 10/28/2014 indicated the worker was experiencing right hand pain and numbness that went into the forearm. Documented examinations consistently described right wrist and hand tenderness, decreased right grip strength, and a positive Tinel's test. The submitted and reviewed documentation concluded the worker was suffering from right osteoarthritis and prior carpal tunnel syndrome. Treatment recommendations included oral and topical pain medications, increased use of the right hand, occupational therapy with additional sessions, splinting, acupuncture, and follow up care. A Utilization Review decision recommended non-certification for additional occupational therapy sessions with iontophoresis twice weekly for three weeks (six sessions) for the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional occupational therapy two times a week for three weeks with Iontophoresis, for the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: Iontophoresis involves running a very low amount of electricity through the skin. The MTUS Guidelines recommend using active therapies in physical medicine to help control pain and swelling during the rehabilitation process. Active treatment is based on the idea that therapeutic exercise can be helpful in restoring strength, function, and joint movement. The worker is instructed and is then expected to continue the active treatments at home as an extension of the treatment process in order to maintain the improvement level. The guidelines recommend allowing for a fading session frequency during the transition from instruction to a self-directed home exercise program. The submitted and reviewed records indicated the worker was experiencing right hand pain and numbness that went into the forearm. There was no discussion suggesting how additional instructional therapy sessions would further benefit the patient beyond the benefits of continuing the home exercise program. In the absence of such evidence, the current request for additional occupational therapy sessions with iontophoresis twice weekly for three weeks (six sessions) for the right wrist is not medically necessary.