MAXIMUS Federal Services

Case Number:	CM14-0207572		
Date Assigned:	12/19/2014	Date of Injury:	12/27/2012
Decision Date:	02/13/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/11/2014

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 Pain Medicine 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:

This is a patient with a date of injury of 12/27/12. A utilization review determination dated 11/6/14 recommends non-certification of muscle testing, strapping of wrist, E-Stim, and home exercise program. Initial evaluation, re-evaluation, therapeutic exercises and activities, and myofascial release were all certified. 10/28/14 medical report identifies that the patient is s/p carpal tunnel release on 9/25/14 and had completed 3 post-op PT sessions with increased ROM and decreased numbness and tingling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Muscle testing 1 x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 33; 89.

Decision rationale: Regarding the request for muscle testing, MTUS ACOEM Practice Guidelines state that physical examination should be part of a normal follow-up visit including

examination of the musculoskeletal system. A general physical examination for a musculoskeletal complaint typically includes range of motion and strength testing. Within the documentation available for review, the requesting physician has not identified why he is incapable of performing a standard musculoskeletal examination for this patient or why additional testing above and beyond what is normally required for a physical examination would be beneficial in this case. In the absence of such documentation, the currently requested muscle testing is not medically necessary.

Strapping of wrist 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome

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 Chapter, Splinting

Decision rationale: Regarding the request for strapping of the wrist, the California MTUS does not specifically address the issue. Official Disability Guidelines notes that there is no beneficial effect from postoperative splinting after carpal tunnel release when compared to a bulky dressing alone. In fact, splinting the wrist beyond 48 hours following CTS release may be largely detrimental. Within the documentation available for review, the patient recently underwent carpal tunnel release and had been participating in physical therapy. There is no rationale provided identifying the medical necessity of wrist strapping despite the recommendations of the guidelines. In light of the above issues, the currently requested strapping of the wrist is not medically necessary.

E-Stim 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand procedure

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

Decision rationale: Regarding the request for E-Stim, while the MTUS Chronic Pain Medical Treatment Guidelines do provide limited support for some forms of electrical stimulation such as TENS for up to 30 days in the management of postoperative pain, the specific type of electrical stimulation being requested is not clear and the request was made beyond the 30 days recommended by the California MTUS. In light of the above issues, the currently requested E-Stim is not medically necessary.

Home exercise program 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines,Postsurgical Treatment Guidelines.

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

Decision rationale: Regarding the request for home exercise program, MTUS Chronic Pain Medical Treatment Guidelines do support the use of home exercise, but this typically consists of an independent home program taught during physical therapy without the need for specialized home instruction, equipment, etc., and thus does not require authorization. Within the documentation available for review, the patient had completed some physical therapy sessions with additional sessions authorized/pending. There is no documentation of what the proposed home exercise program will consist of and why the patient would require any form of specialized home exercise program beyond the independent home exercise program recommended by the California MTUS. In the absence of clarity regarding the above issues, the currently requested home exercise program is not medically necessary.