

Case Number:	CM14-0208144		
Date Assigned:	12/22/2014	Date of Injury:	03/08/2013
Decision Date:	02/11/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/12/2014

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 Family Practice 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 57 year-old woman who was injured at work between 3/8/2012 through 3/8/2013. The injury was primarily to her neck. She is requesting review of denial for the following: Additional Physical Therapy for the Right Wrist at 2 X a Week for 4 Weeks and a TENS Unit X 30-day Trial Rental for the Wrists. Medical records corroborate ongoing care for her injuries. These records include an office visit on 10/13/2014 with her Primary Treating Physician. In the note the patient described worsening pain and stiffness in the hands and wrists. Examination was performed and was consistent with Carpal Tunnel Syndrome. EMGs were performed and corroborated this diagnosis. The assessment was: Carpal Tunnel Syndrome vs Cervical Radiculopathy/Right Greater Than Left; C4-5 and C5-6 Stenosis with Early Myelopathy on MRI Scan; and Status Post Open Right Carpal Tunnel Release (1/7/2014). It was noted that the patient had four sessions of physical therapy post-operatively. The provider then requested additional physical therapy for the right wrist and a 30-day trial of a TENS Unit. In the Utilization Review process, MTUS and ODG Guidelines were cited as the rationale for non-certification of both requests. For the additional physical therapy, the reviewer stated that "there are no goals or rationales given for the additional therapy requested." For the TENS Unit, it was stated that ODG guidelines indicate that TENS Units have limited efficacy in the treatment of carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy for the Right Wrist at 2 times a week for 4 weeks: Upheld

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

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of physical therapy as a treatment modality. The guidelines state the following: Physical Medicine Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. These MTUS Guidelines also provide specific recommendations on the number of treatment sessions. Physical Medicine Guidelines -Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise program. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. In this case, the patient has exceeded the recommended number of sessions allowed per the cited MTUS guidelines. Further, it would be expected that the patient had been guided towards an active self-directed home exercise program. There is no specific rationale provided in support of extending the number of treatment sessions beyond the MTUS recommendations. Therefore, additional sessions of physical therapy to the right wrist is not considered as medically necessary.

TENS unit time 30-day trial rental for the Wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TEN (Transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous Electrotherapy Page(s): 114-116.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of transcutaneous electrotherapy (also known as TENS) as a treatment modality. The guidelines state the following: Transcutaneous electrotherapy Electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Transcutaneous electrotherapy is the most common form of electrotherapy where electrical stimulation is applied to the surface of the skin. The earliest devices were referred to as TENS (transcutaneous electrical nerve stimulation) and are the most commonly used. It should be noted that there is not one fixed electrical specification that is standard for TENS; rather there are several electrical specifications. Other devices (such as H- wave stimulation (devices), Interferential Current Stimulation, Microcurrent electrical stimulation (MENS devices), RS-4i sequential stimulator, Electroceutical Therapy (bioelectric nerve block), Neuromuscular electrical stimulation (NMES devices), Sympathetic therapy, Dynatron STS) have been designed and are distinguished from TENS based on their electrical specifications to be discussed in detail below. The following individual treatment topics are grouped together under the topic heading, "Transcutaneous Electrotherapy [DWC]" and are intended to allow the users of the chronic pain medical treatment guidelines to compare their benefits and to choose amongst the various transcutaneous electrical stimulation devices. All of the following individual treatment topics are from the ODG guidelines. TENS, chronic pain (transcutaneous electrical nerve stimulation) Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use). Neuropathic pain: Some evidence including diabetic neuropathy and post-herpetic neuralgia. Phantom limb pain and CRPS II: Some evidence to support use. Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. Criteria for the use of TENS: Chronic intractable pain (for the conditions noted above): - Documentation of pain of at least three months duration - There is 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 (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase

during this trial.- 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- A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. In this case there is no evidence from the review of the MTUS guidelines, that TENS is an effective treatment modality for carpal tunnel syndrome. There is insufficient documentation that the trial of TENS will serve as an adjunct to a program of functional restoration, per the cited guidelines. Therefore, under these conditions, TENS for the wrists is not considered as a medically necessary treatment.