

Case Number:	CM15-0101001		
Date Assigned:	06/03/2015	Date of Injury:	02/11/2012
Decision Date:	07/15/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 63-year-old CCMSI beneficiary who has filed a claim for chronic hand and wrist pain reportedly associated with an industrial injury of February 11, 2012. In a utilization review report dated April 24, 2015, the claims administrator failed to approve a request for an interferential unit and glove while concurrently denying a request for six sessions of occupational therapy. The claims administrator referenced an RFA form received on April 21, 2015 in its determination. The applicant's attorney subsequently appealed. In an appeal letter dated May 26, 2015, the applicant's attorney appealed both requests for occupational therapy and the interferential unit at issue. On May 14, 2015, the applicant reported ongoing complaints of hand and wrist pains, 7/10, with associated upper extremity paresthesias. The applicant was using Horizant, Prilosec, and Voltaren Gel, it was reported. The applicant had established diagnoses of trigger finger, hand tenderness, carpal tunnel syndrome, and chronic pain syndrome. Multiple medications were renewed. The interferential stimulator unit was endorsed on a trial basis at this point on the grounds that previous usage of the same was helpful in physical therapy. A rather proscriptive 5-pound lifting limitation was also endorsed. It was not clearly stated whether the applicant was or was not working with said limitations in place, but this does not appear to be the case. On May 7, 2015, the applicant reported ongoing complaints of hand and wrist pain some eight months removed from earlier carpal tunnel release surgery with associated trigger finger release surgery. The applicant was asked to pursue home exercises and obtain a TENS unit with a glove. In an RFA form dated April 24, 2015, the interferential stimulator device with associated garment was sought, seemingly on a trial basis. On April 15, 2015, the applicant reported ongoing complaints of hand and wrist pain, highly variable, 4/10 to 6/10. The applicant maintained that her medications were helpful, including Horizant, Prilosec,

and Voltaren Gel. An interferential unit and glove were sought, seemingly on a purchase basis, toward the bottom of the report, while multiple medications were refilled. The same, unchanged, 5-pound lifting limitation was renewed. The applicant did not appear to be working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Occupational therapy right hand/wrist 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for six sessions of occupational therapy for the hand and wrist was likewise not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does report a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, i.e., the operating diagnosis here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary in various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was seemingly off of work. A rather proscriptive 5-pound lifting limitation was renewed, unchanged, from visit to visit. Receipt of earlier unspecified amounts of physical therapy has failed to curtail the applicant's dependence on analgesic medications such as Horizant and Voltaren Gel. All of the foregoing, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20(e), despite receipt of earlier unspecified amounts of occupational therapy over the course of the claim. Therefore, the request for six additional sessions of occupational therapy was not medically necessary.

Interferential unit and glove: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 120.

Decision rationale: No, the request for an interferential unit and associated glove was not medically necessary, medically appropriate, or indicated here. As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, an interferential unit and provision of associated jacket or glove should only be furnished after evidence that an applicant has

undergone a successful one-month trial of an interferential unit, with evidence of increased functional improvement, less reported pain, and evidence of medication reduction. Here, the request to purchase a device was made without having the applicant first undergo a successful one-month trial of the same. Page 120 of the MTUS Chronic Pain Medical Treatment Guidelines also suggests that an interferential unit should only be employed on a trial basis in applicants in whom pain is ineffectively controlled owing to medication side effects, and/or applicants who have a history of substance abuse which would prevent provision of analgesic medications. Here, however, the applicant's ongoing usage of numerous analgesic agents, including gabapentin and topical Voltaren Gel effectively obviated the need for the interferential stimulator, either on a trial or purchase basis. Therefore, the request was not medically necessary.