MAXIMUS Federal Services

Case Number:	CM15-0102684		
Date Assigned:	06/05/2015	Date of Injury:	09/19/2003
Decision Date:	07/09/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/28/2015

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: Arizona, Texas
Certification(s)/Specialty: Internal 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 injured worker is a 53 year old male, who sustained an industrial injury on 9/19/03. The injured worker has complaints of right wrist pain with numbness, tingling and spasms that radiates to the right shoulder. The injured worker has complaints of neck, both hands and wrists, both shoulders and both knees. The documentation noted that the injured worker had paraesthesia down the arms. The diagnoses have included status post open reduction, internal fixation right wrist pin removal 10/11/10. Treatment to date has included status post open reduction internal fixation of the right scaphoid; X-rays noted a bone defect of the distal radius, that is the source of the distal radius bone graft and is expected to be there; cervical spine X-rays showed there is evidence of degenerative changes; right shoulder X-rays showed a bony structure are of normal density, o fracture, dislocation or subluxation present, no soft tissue abnormality demonstrated; left shoulder X-rays are of normal density, no fracture, dislocation or subluxation present, no soft tissue abnormality demonstrated; right elbow X-ray showed bony structures are of normal density , there is no fracture, dislocation or subluxation present, o soft tissue abnormality demonstrated and left elbow X-rays showed bony structures are of normal density, no fracture dislocation or subluxation present, no soft tissue abnormality demonstrated; right hand and wrist X-rays showed evidence of healed scaphoid fracture with and bone graft along the distal radius; left hand and wrist X-rays showed bony structures are of normal density, there is no fracture, dislocation or subluxation present, no soft tissue abnormality demonstrated. The request was for ultrasound, right hand/wrist and occupational therapy 18 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound, Right Hand/Wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist & Hand - Ultrasound.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 123.

Decision rationale: According to the MTUS, ultrasound is not recommended. Therapeutic ultrasound is one of the most widely and frequently used electrophysical agents. Despite over 60 years of clinical use, the effectiveness of ultrasound for treating people with pain, musculoskeletal injuries, and soft tissue lesions remains questionable. There is little evidence that active therapeutic ultrasound is more effective than placebo ultrasound for treating people with pain or a range of musculoskeletal injuries or for promoting soft tissue healing. In this case diagnostic imaging with an MRI and EMG was approved. The use of therapeutic US is not medically necessary.

Occupational therapy, 18 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 98-99.

Decision rationale: According to the MTUS, passive therapy 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. 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. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. Physical Medicine Guidelines state that it should be allowed for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For the indicated diagnosis the MTUS recommends 8-10 visits over 4 weeks. In this case the request is for 18 visits which is in excess of the MTUS recommendations. The 18 visits of therapy are not medically necessary.