

Case Number:	CM15-0103728		
Date Assigned:	06/08/2015	Date of Injury:	09/08/2014
Decision Date:	07/07/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	05/29/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 46 year old female, who sustained an industrial injury on 9/08/2014. The mechanism of injury was not noted. The injured worker was diagnosed as having persistent flexor pollicis longus tenosynovitis, possible early stenosing tenosynovitis, accentuated by neuroesthetic pain on the right post-operative and improving post-operative conditioning, left carpal tunnel release and fat pad transfer. Treatment to date has included diagnostics, right carpal tunnel release 2/17/2015, left carpal tunnel release 12/16/2014, unspecified amount of post-operative therapy, and medications. Currently (5/21/2015), the injured worker complains of pain in her right hand and forearm. She had been using Gabapentin for three weeks with no obvious effect. A complete medication regime was not noted. Exam noted pain with active flexion of the right thumb and tenderness at the A1 pulley. Pinch test was 2 pounds with pain on the right, versus 5 pounds on the left. Grip was negligible on the right and 15 pounds on the left. Work status was total temporary disability. A hand therapy progress report (4/10/2015) covered dates of service 3/05/2015 to 4/10/2015. The number of visits completed to date was unable to be deciphered. The treatment plan included additional occupational therapy x 8 and tens unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy x8: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: This 46 year old female has complained of hand and wrist pain since date of injury 9/8/14. She has been treated with surgery, physical therapy (28 sessions thus far) and medications. The current request is for occupational therapy x 8. Per the MTUS guidelines cited above in the section Physical Medicine/ therapy, patients should be instructed and expected to continue active therapy at home as an extension of the initial treatment process in order to maintain improvements gained in physical therapy. The MTUS recommendations for PT state for the passive (out of home) PT process, 8-10 visits over the course of 4 weeks are indicated for a diagnosis of neuralgia, neuritis and/or radiculitis. The medical necessity for continued passive physical therapy is not documented. On the basis of the available medical records and per the MTUS guidelines cited above, occupational therapy x 8 is not medically necessary.

TENS unit: Upheld

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

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

Decision rationale: This 46 year old female has complained of hand pain and wrist pain since date of injury 9/8/14. She has been treated with surgery, physical therapy and medications. The current request is for TENS unit. Per the MTUS guideline cited above, a 1 month trial of TENS unit therapy should be documented including documentation of how often the TENS unit was used as well as outcomes in terms of pain relief and function with use of the TENS unit. The available medical records included for review do not include this documentation. On the basis of the cited MTUS guideline and the lack of documentation, a TENS unit is not medically necessary.