

Case Number:	CM15-0109843		
Date Assigned:	06/16/2015	Date of Injury:	11/10/2010
Decision Date:	07/17/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/08/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59 year old female with an industrial injury dated 11/10/2010. The injured worker's diagnoses include bilateral carpal tunnel syndrome status post carpal tunnel release with tenderness along the left upper extremity and trigger finger release along the third finger, fourth finger, ring finger and long finger with persistent discomfort intermittently. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 05/20/2015, the injured worker reported bilateral wrist pain with associated numbness, tingling and swelling. The injured worker rated pain a 1/10. Objective findings revealed tenderness along the carpal tunnel on the left and mild nodule on the long finger on the right with no triggering present. Treatment plan consisted of diagnostic studies, hand therapy, medication management and durable medical equipment. The treating physician prescribed services for hand therapy Quantity: 12, a four lead transcutaneous electrical nerve stimulation (TENS) unit and supplies (conductive garment) Quantity: 1 and a hot and cold wrap now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand therapy Qty:12: Upheld

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

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

Decision rationale: The patient reported bilateral wrist pain with associated numbness, tingling and swelling. The current request is for Hand therapy Qty: 12. The RFA is dated 05/20/15. Treatment consisted of physical therapy, diagnostic studies, prescribed medications, surgeries and periodic follow up visits. The patient is not working. The MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." The patient is status post exploration and release of flexor tendon sheath, right ring finger on 08/05/14. According to progress report 05/20/15, physical examination revealed tenderness along the carpal tunnel on the left and mild nodule on the long finger on the right. The treater recommended 12 OT sessions. This patient is outside of the post-surgical time-frame. The patient was authorized 10 physical therapy sessions following the hand surgery on 08/05/14. There are no physical therapy reports provided for review and the objective response to therapy was not documented in the medical reports. In this case, the request for additional 12 sessions exceeds what is recommended by MTUS. There is no discussion as to why this patient is unable to transition to a self-directed physical therapy regimen, either. Therefore, the request IS NOT medically necessary.

DME: 4 lead TENS unit and supplies (conductive garment) Qty:1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117.

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

Decision rationale: The patient reported bilateral wrist pain with associated numbness, tingling and swelling. The current request is for DME: 4 lead TENS unit and supplies (conductive garment) Qty: 1. The RFA is dated 05/20/15. Treatment consisted of physical therapy, diagnostic studies, prescribed medications, surgeries and periodic follow up visits. The patient is not working. According to MTUS Chronic Pain Management Guidelines the criteria for use of TENS in chronic intractable pain (p116) "a one month trial period of the TENS unit should be documented (as an adjunct to other 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 during this trial." The patient is status post exploration and release of flexor tendon sheath, right ring finger on 08/05/14. According to progress report 05/20/15, physical examination revealed tenderness along the carpal tunnel on the left and mild nodule on the long finger on the right. The treater recommended a TENS unit and supplies. The treater states that the patient has not yet tried a TENS unit. In this case, the treater is requesting a TENS

unit for this patient's continuing hand pain. However, there is no documentation of intent to trial the unit for 30-days prior to purchase. As there is no evidence of a successful 30-day trial performed previously, the request as written cannot be substantiated. Therefore, the request IS NOT medically necessary.

DME: Hot and cold wrap: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, Forearm/wrist/hand Chapter, Cold packs.

Decision rationale: The patient reported bilateral wrist pain with associated numbness, tingling and swelling. The current request is for DME: Hot and cold wrap. The RFA is dated 05/20/15. Treatment consisted of physical therapy, diagnostic studies, prescribed medications, surgeries and periodic follow up visits. The patient is not working. ODG-TWC, Forearm/wrist/hand Chapter under Cold packs states: "Recommended. Recommend at-home local applications of cold packs first few days of acute complaints; thereafter, applications of heat packs. (Hochberg, 2001) (Bleakley, 2004) One study showed that the addition of pulsed electromagnetic field to ice therapy produces better overall treatment outcomes than ice alone." The patient is status post exploration and release of flexor tendon sheath, right ring finger on 08/05/14. According to progress report 05/20/15, physical examination revealed tenderness along the carpal tunnel on the left and mild nodule on the long finger on the right. The treater recommended a hot and cold wrap. In this case, ODG recommends cold therapy following the first few days of acute complaints. This patient has a date of injury of 2010 and is status post-surgery on 08/05/14 with residual pain. Given the patient chronic state of pain, the requested cold and hot wrap IS NOT medically necessary.