

<b>Case Number:</b>	CM15-0019961		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	04/18/2013
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: Physical Medicine & Rehabilitation, Neuromuscular 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 22 year old male, who sustained a work related injury on 4/18/13. The diagnoses have included carpal strain and triangular fibrocartilage complex. Treatments to date have included x-rays right wrist, right wrist surgery on 1/10/14, 39 physical therapy sessions and modified work duties. In the PR-2 dated 1/26/15, the injured worker complains of pain in right wrist that radiates up the forearm. He states he has some swelling of right wrist at times. He is having difficulties with forceful activities. He has full range of motion in right wrist. In a PR-2 dated 12/15/14, the injured worker reports "continued gradual improvement" in his symptoms. He is noted to have increased grip strength and passive range of motion. On 1/22/15, Utilization Review non-certified requests for occupational/physical therapy 2x/week for 6 weeks and a TENS unit rental for 9 months. The California MTUS, Chronic Pain Treatment Guidelines, and Postsurgical Treatment Guidelines, and ACOEM Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational/Physical Therapy 2 times per week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 22.

**Decision rationale:** Occupational/Physical Therapy 2 times per week for 6 weeks are not medically necessary per the MTUS Post Surgical and Chronic Pain Medical Treatment Guidelines. The patient is status post right wrist arthroscopy 1/10/14. Per documentation he has had 39 post op visits. The post surgery guidelines recommend up to 10 visits for this condition. The patient has exceeded those guidelines. The documentation does not indicate extenuating circumstances which would require an additional 10 supervised therapy sessions. The MTUS Chronic Pain Medical Treatment Guidelines recommend transitioning to an independent home exercise program. The request for occupational/physical therapy 2 times per week for 6 weeks is not medically necessary.

**One Transcutaneous electrical nerve stimulation (TENS) Unit Rental for 9 months:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

**Decision rationale:** One Transcutaneous electrical nerve stimulation (TENS) Unit Rental for 9 months is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that 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. The documentation does not indicate the one month trial with documentation of use and outcomes as well as treatment plan with goals of TENS unit. The request is not medically necessary.