MAXIMUS Federal Services

Case Number:	CM15-0148440		
Date Assigned:	08/11/2015	Date of Injury:	06/05/2013
Decision Date:	09/08/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/30/2015

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, California
Certification(s)/Specialty: Family Practice

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 45 year old who sustained an industrial injury on June 05, 2013. Supporting documentation noted 12 sessions of physiotherapy prescribed treating the bilateral knees and left wrist. A primary treating office visit dated August 04, 2015 reported subjective complaint of left knee, left wrist and lower back pain. She states taking medications Anaprox, and Relafen as needed for the pains. She was noted being terminated from her employment. She had completed 9 of 12 sessions of therapy. There is note of a pending magnetic resonance imaging study to be performed. Objective assessment noted left wrist with ulnar and radial pain on range of motion. She also continues with low back complaint and noted with pain on lumbar flexion and with a straight leg raise test. The plan of care noted recommending 12 additional sessions of therapy for strengthening and to promote knee range of motion. There is recommendation for two months rental for home use of H-wave unit, she was dispensed a wrist brace, and is to follow up in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy for the bilateral knees and left wrist, 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee, Physical Therapy.

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

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits: Myalgia and myositis, unspecified 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. In this case, the claimant had already completed more than 10 of 12 sessions of therapy. The ODG guidelines recommend 12 sessions of therapy over 12 weeks after meniscal surgery. There is no indication that therapy cannot be completed at home the amount request exceeds the amount needed after knee surgery and hand strains. The request for additional 12 sessions of therapy is not medically necessary.

H-Wave Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Page(s): 117.

Decision rationale: According to the guidelines an H-wave unit is not recommended but a one month trial may be considered for diabetic neuropathic pain and chronic soft tissue inflammation if used with a functional restoration program including therapy, medications and a TENS unit. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. In fact, H-wave is used more often for muscle spasm and acute pain as opposed to neuropathy or radicular pain. In this case the claimant did not have the diagnoses or interventions noted above. There was no mention of TENS unit use of FRP. The claimant had wrist and knee traumatic pain rather than neuropathic pain. Therefore the request for a 2 month rental of an H-wave unit is not medically necessary.

Left Wrist MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 329. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand chapter and pg 25.

Decision rationale: According to the guidelines, MRI of the wrist is optional when requested prior to a history and physical by a specialist. According to the ODG guidelines: "Indications for imaging, Magnetic resonance imaging (MRI): Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required; Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required; Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury); Chronic wrist pain, plain films normal, suspect soft tissue tumor; Chronic wrist pain, plain film normal or equivocal, suspect Kienbck's disease; Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." In this case, the pain was chronic and there were no red flag signs of recent x-rays noted. The request for an MRI was not from orthopedics. The MRI of the left wrist is not justified and not medically necessary.