MAXIMUS Federal Services

Case Number:	CM15-0161941		
Date Assigned:	08/27/2015	Date of Injury:	10/22/2014
Decision Date:	09/30/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/17/2015

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: Emergency 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 38 year old female, who sustained an industrial injury on 10-22-2014. She reported repetitive stress injury to the neck, back, bilateral shoulders, and bilateral forearm-wrists with pain and weakness. Diagnoses include headaches, carpal tunnel, tendonitis of hand-wrist-elbow, cervicalgia, thoracic spine pain, lumbago, myalgia, muscle spasms-trigger points, and cervical-thoracic-lumbar-sacroiliac segmental dysfunction. Treatments to date include activity modification and chiropractic therapy. Currently, she reported progress in functional ability, and remaining deficits including sitting longer than 30-40 minutes. New goals documented included maintaining and reducing pain intensity and frequency and increase strength in arms and hands. On 7/28/15, the physical examination documented improvement in cervical range of motion and no change in muscle hypertonicity and tenderness. The injured worker was evaluated on 7-30-15, however documentation of subjective complaints were not submitted for this review. The physical examination documented range of motion degrees, cervical joint restriction, tenderness with palpation in thoracic and lumbar spine with hypertonic muscles noted. The plan of care included a request to authorize six chiropractic therapy sessions for bilateral wrists and TENS with electrodes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro/physical therapy, bilateral wrists #6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, Physical therapy Page(s): 58-60, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

Decision rationale: This has been requested as a chiropractic/physical therapy request but this independent medical review will consider that if chiropractic is not recommended then this entire request is also not recommended. As per MTUS chronic pain guidelines, manual therapy is only recommended for chronic low back pain due to musculoskeletal pain. Guidelines do not recommend chiropractic of the wrist. Chiro/physical therapy of wrist is not medically necessary.

TENs unit with electrodes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

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

Decision rationale: As per MTUS Chronic pain guidelines, TENS (Transcutaneous Electrical Nerve Stimulation) may be recommended only if it meets criteria. Evidence for its efficacy is poor. Pt does not meet criteria to recommend TENS. TENS is recommended if use with functional restoration program but in this case, there is no documentation of such a program. There is no documented short and long term goal for the TENS. There is no documented successful 1-month trial of TENS. Pt does not meet any criteria to recommend TENS. TENS and supplies related to it is not medically necessary.