

Case Number:	CM15-0164417		
Date Assigned:	09/01/2015	Date of Injury:	12/31/2014
Decision Date:	10/05/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/21/2015

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: New Jersey

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 48 year old female, who sustained an industrial injury on 12-31-14. The injured worker was diagnosed as having left radial sensory nerve neuropathy and right sensory nerve arcade of Froesch. Treatment to date has included physical therapy and radial tunnel injections. Physical examination findings on 7-9-15 included hypersensitivity over the radial nerve at the arcade of Froesch and over the radial sensory nerve. Numbness in the hand was directly over the radial nerve distribution of the thumb, index, and third finger on the dorsal surface of the left hand. Currently, the injured worker complains of left arm and hand pain. The treating physician requested authorization for Iontophoresis injections for the left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Iontophoresis injections left hand: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm Wrist Hand.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand section, Iontophoresis.

Decision rationale: The MTUS is silent regarding iontophoresis for the upper extremity. The ODG, however, states that it is currently under study and that there is limited support for iontophoresis and phonophoresis, but that iontophoresis injections are more conservative than injections for delivery of steroid therapy. The ODG also suggests that if iontophoresis injections are done, a trial of two may be accepted, and objective improvement must be documented in order to justify repeat injections. In the case of this worker, there was an injection of Xylocaine and Kenalog administered to the left radial tunnel of the wrist. At the same time, a request was made for iontophoresis injections of the left hand (no number included in the request, however 6 was mentioned in the notes available for review.) The notes suggested that the worker had already received iontophoresis of this area, however, there was no record found reporting how effective it was in the past on which to base this consideration for approval. Regardless of this fact, as there has not yet been any follow-up on how effective the steroid injection would be before considering any other additional treatment(s), this request for "iontophoresis injections left hand" will be considered medically unnecessary at this time.