

Case Number:	CM15-0169311		
Date Assigned:	09/10/2015	Date of Injury:	02/14/2015
Decision Date:	10/09/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/27/2015

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, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 23 year old man sustained an industrial injury on 2-14-2015 after his left hand was caught inside a machine leaving his left middle finger hanging by a section of flesh. He received immediate medical care including x-rays and casting. The following week, he underwent surgical repair. Diagnoses include status post left long finger insensate following trauma. Treatment has included oral medications, surgical intervention, and post-operative physical therapy. Physician notes dated 7-13-2015 show complaints of left hand pain. The physical examination shows mild left hand weakness and motor grip strength, left long finger without sensation, can't make a fist, and tenderness to the palmar aspect of the left hand. Recommendations include post-operative physical therapy, urine drug screen, Norco, and follow up with orthopedic surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of post-op physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

Decision rationale: Per the CA MTUS/Post Surgical Treatment Guidelines, page 22, 14 visits over a 3 month period is authorized. Half of the visits are initially recommended pending re-evaluation. In this case the request exceeds the initial recommended treatment number and is therefore not medically necessary.

Unknown extracorporeal shockwave therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) elbow.

Decision rationale: CA MTUS/ACOEM and ODG are silent on the issue of shockwave therapy for the hand. Per the ODG elbow section, extracorporeal shockwave therapy, ESWT is not recommended. As the guidelines do not recommend ESWT, therefore determination is not medically necessary.

Unknown trigger point impedance imaging: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back.

Decision rationale: CA MTUS/ACOEM is silent on the issue of localized intense neurostimulation therapy, as known as hyperstimulation analgesia. Per the ODG, Low Back section, hyperstimulation analgesia, is not recommended. Initial results are promising, but only from two low quality studies sponsored by the manufacturer (██████████). Localized manual high-intensity neurostimulation devices are applied to small surface areas to stimulate peripheral nerve endings (A fibers), thus causing the release of endogenous endorphins. This procedure, usually described as hyperstimulation analgesia, has been investigated in several controlled studies. However, such treatments are time consuming and cumbersome, and require previous knowledge of the localization of peripheral nerve endings responsible for LBP or manual impedance mapping of the back, and these limitations prevent their extensive utilization. This service is to facilitate the neurostimulation. As the guidelines do not recommend localized intense neurostimulation therapy, the request is not medically necessary

Unknown localized intense neurostimulation therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back.

Decision rationale: CA MTUS/ACOEM is silent on the issue of localized intense neurostimulation therapy, as known as hyperstimulation analgesia. Per the ODG, Low Back section, hyperstimulation analgesia, is not recommended. Initial results are promising, but only from two low quality studies sponsored by the manufacturer (██████████). Localized manual high-intensity neurostimulation devices are applied to small surface areas to stimulate peripheral nerve endings (A fibers), thus causing the release of endogenous endorphins. This procedure, usually described as hyperstimulation analgesia, has been investigated in several controlled studies. However, such treatments are time consuming and cumbersome, and require previous knowledge of the localization of peripheral nerve endings responsible for LBP or manual impedance mapping of the back, and these limitations prevent their extensive utilization. As the guidelines do not recommend localized intense neurostimulation therapy, the request is not medically necessary.