

Case Number:	CM15-0180684		
Date Assigned:	09/22/2015	Date of Injury:	05/28/2015
Decision Date:	11/03/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 29 year old right handed male who sustained an industrial injury on 5-28-15. The diagnosis is noted as bilateral flexor carpi ulnaris tendonitis and rule out bilateral carpal tunnel syndrome. Previous treatment includes Anaprox, Biofreeze, hot pack, bilateral modabber support, physical therapy and iontophoresis -bilateral hands, and work restrictions. Nerve conduction studies dated 8-5-15 reveal a conclusion of prolonged distal motor and sensory latencies in the median nerves bilaterally, snap and cmap latencies of ulnar nerves were normal, F wave latencies were normal, electromyography was normal. There is evidence of distal sensory and motor neuropathy of median nerve bilateral, compatible with bilateral carpal tunnel syndrome. No evidence of cervical radiculopathy is seen. A 6-22-15 physical therapy progress report notes left wrist improvement and right wrist pain, numbness and stiffness, rated at 7 out of 10. The objective notes iontophoresis to bilateral wrists. A 7-24-15 physical therapy progress note reports full range of motion of both wrists and is improved but still has some mild symptoms. In a hand and upper extremity consultation report dated 6-29-15, the physician notes complaints of bilateral wrist pain with numbness and tingling. Physical exam reveals tenderness over the right and left flexor carpi ulnaris insertion and positive Tinel, Phalen, and Durkan's tests bilaterally. There is no wrist edema and range of motion is intact without pain. Exam of the hands reveals bilateral Thenar atrophy, negative Finkelstein's test and no basilar joint disease. The 2-point discrimination is approximately 6-7 mm on the median nerve. JAMAR handgrip on the right is 60, 60, 60 and on the left is 55, 55, 55. Work status is to return to work with no lifting, pushing, or pulling more than ten pounds wearing a splint. The treatment plan is

iontophoresis and physical therapy for both hands for treatment of flexor carpi ulnaris tendonitis and electromyography-nerve conduction study to delineate the extent of his carpal tunnel syndrome. The retrospective requested treatment of physical therapy with iontophoresis bilateral wrists-hands, 7 visits was denied on 8-28-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro physical therapy with iontophoresis bilateral wrists/hands 7 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 (Acute & Chronic), Iontophoresis.

Decision rationale: The claimant sustained a cumulative trauma work injury with date of injury in May 2015. When seen, there was positive Tinel, Phalen, and Durkan testing bilaterally. There was normal wrist range of motion. There was tenderness over the flexor carpi ulnaris tendon insertion. Authorization was requested for physical therapy with iontophoresis for the treatment of the tendinitis and for electrodiagnostic testing. Iontophoresis for the forearm, wrist, and hand is under study. There is limited support for iontophoresis, although this is a more conservative treatment than injection for delivery of steroid therapy. If done, a trial of two may be accepted, and objective improvement must be documented to justify continued treatments. In this case, the claimant had continued wrist pain with slow improvement with treatments. The request for authorization for the seven treatments provided is not considered medically necessary.