

Case Number:	CM15-0180809		
Date Assigned:	09/22/2015	Date of Injury:	10/08/2009
Decision Date:	10/26/2015	UR Denial Date:	08/18/2015
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 46 year old female, who sustained an industrial injury on October 8, 2009. Medical records indicate that the injured worker is undergoing treatment for brachial neuritis or radiculitis otherwise unspecified, reflex sympathetic dystrophy syndrome of the upper limb, chronic pain syndrome and skin sensation disorder. The injured worker was working. Current documentation dated August 6, 2015 notes that the injured worker reported bilateral upper extremity pain, bilateral wrist pain, bilateral hand pain and bilateral thumb pain. The pain was rated 5 out of 10 on the visual analogue scale. The pain was increased with gripping and popping pills from packets at work. Relieving factors include rest and medications. The injured workers pain level was noted to have increased from the prior visit. Examination of the cervical spine revealed a restricted range of motion. Bilateral wrist examination revealed positive Tinel's and Phalen's sign bilaterally. Sensation to light touch was normal all over the body. Treatment and evaluation to date has included medications, physical therapy to the neck and a home exercise program. Current medications include Ibuprofen, Lunesta and Tramadol Hcl. The treating physician's request for authorization dated August 18, 2015 includes requests for physical therapy to the bilateral forearms and hands # 8 and a transcutaneous electrical nerve stimulation unit for the bilateral forearms and hands # 30 days. The Utilization Review documentation dated August 18, 2015 non-certified the request for the transcutaneous electrical nerve stimulation unit for the bilateral forearms and hands # 30 days and modified the request for the physical therapy to the bilateral forearms and hands to 3 sessions (original request # 8).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, bilateral forearms/hands (sessions) Qty 8: 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) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in October 2009 and continues to be treated for chronic pain including a diagnosis of upper extremity CRPS with injury occurring due to repetitive upper extremity use. When seen, she was having bilateral upper extremity pain. Pain was rated at 5/10. Physical examination findings included decreased cervical spine range of motion. Tinel's and Phalen's test were positive bilaterally. There was decreased right upper extremity strength with normal sensation. Authorization was requested for eight sessions of physical therapy. The claimant was interested in using a TENS unit for her forearms. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was needed or likely to be effective. The request is not medically necessary.

TENS Unit trial, bilateral forearms/hands (days) Qty 30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The claimant sustained a work injury in October 2009 and continues to be treated for chronic pain including a diagnosis of upper extremity CRPS with injury occurring due to repetitive upper extremity use. When seen, she was having bilateral upper extremity pain. Pain was rated at 5/10. Physical examination findings included decreased cervical spine range of motion. Tinel's and Phalen's test were positive bilaterally. There was decreased right upper extremity strength with normal sensation. Authorization was requested for eight sessions of physical therapy. The claimant was interested in using a TENS unit for her forearms. In terms of TENS, although not recommended as a primary treatment modality, a one-month home-based TENS trial may be considered as a noninvasive conservative option. Indications include pain, inflammation, and muscle spasm and, if effective, can be performed independently by the patient. Low cost basic TENS units are available for home use and supplies such as electrodes can be reused many times. A trial of TENS is medically necessary.