

Case Number:	CM15-0200414		
Date Assigned:	10/15/2015	Date of Injury:	08/05/2015
Decision Date:	12/01/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/13/2015

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: Pennsylvania

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 58 year old male, who sustained an industrial injury on 8-5-2015. A review of the medical records indicates that the injured worker is undergoing treatment for repetitive strain injury and bilateral carpal tunnel syndrome. On 10-9-2015, the injured worker reported bilateral wrist pain that radiated to the palms of both hands. The single submitted Primary Treating Physician's report dated 10-9-2015, noted the injured worker had 5 out of 6 hand therapy visits which were helping, although he was still having difficulty opening jars and reported numbness and tingling in digits 1-3 of both hands, wearing a left wrist splint at night. The physical examination was noted to show the right wrist range of motion (ROM) pain limited for flexion and extension with left wrist range of motion (ROM) within normal limits. Phalen's test was noted to be positive bilaterally. The treatment plan was noted to include Nortriptyline, neutral wrist splints at night, and requests for authorization for nerve conduction study (NCS) of the bilateral upper extremities, additional hand therapy for pain reduction and functional restoration, a foam roller, and therapy putty. The injured worker's work status was noted to be modified activity at work and at home. The request for authorization was noted to have requested additional therapy sessions one to two a week for four weeks, a foam roller, and red putty. The Utilization Review (UR) dated 10-12-2015, denied the requests for additional therapy sessions one to two a week for four weeks, a foam roller, and red putty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional therapy sessions one to two a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

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

Decision rationale: The ODG allows for physical therapy of 1-3 visits over 3-5 weeks. This worker has already completed 5 out of 6 therapy sessions. This request for additional therapy is not necessary. Although passive modalities may be beneficial initially, the role of physical therapy is not to provide ongoing passive modalities for pain control but to establish an active home exercise program in which the patient can continue to maintain and improve function and pain control independently. It would be anticipated that additional gains are just as likely with a home exercise program at this point as they would be with formal therapy sessions.

Foam Roller: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, and Neck and Upper Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Foam Rolling as a Recovery Tool after an Intense Bout of Physical Activity Medicine & Science in Sports & Exercise: January 2014 - Volume 46 - Issue 1 - p 131-142.

Decision rationale: Neither the MTUS or the ODG discuss foam rollers. A study in Medicine and Science in Sports and Exercise, the journal of the American College of Sports Medicine, concluded that foam rolling was beneficial in attenuating muscle soreness after exercise. However, in this case, the available record does not provide the indication for the foam roller or its efficacy in a trial of use during therapy. Therefore, a foam roller cannot be determined to be medically necessary.

Red Putty: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, and Neck and Upper Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cochrane Database of Systematic Reviews: Plain Language Summaries [Internet]. Oral steroids, splinting, ultrasound, yoga and wrist mobilization provide short-term relief from carpal tunnel syndrome, but other non-surgical methods have not been shown to help. This version published: 2012; Review content assessed as up-to-date: October 28, 2002.

Decision rationale: Neither the MTUS or the ODG discuss red putty. An article in Cochrane database of systematic reviews concluded: "Current evidence shows significant short-term benefit from oral steroids, splinting, ultrasound, yoga and carpal bone mobilization. Other non-surgical treatments do not produce significant benefit. More trials are needed to compare treatments and ascertain the duration of benefit." It is not clear from the available medical record what the specific indication for red putty is in this case or that a trial during the therapy sessions was shown to be efficacious. Therefore, red putty cannot be determined to be medically necessary.