

Case Number:	CM15-0209710		
Date Assigned:	10/28/2015	Date of Injury:	01/22/2014
Decision Date:	12/16/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/26/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic wrist, hand, elbow, and forearm pain reportedly associated with an industrial injury of January 22, 2014. In a Utilization Review report dated September 2, 2015, the claims administrator failed to approve requests for a multi-stimulator unit with associated supplies for 3 months and 6 sessions of physical therapy for the wrist. The claims administrator referenced a September 9, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 9, 2015, the applicant reported ongoing issues with wrist, hand, and forearm pain. Six sessions of physical therapy were sought. Topical Voltaren gel and a multi-stimulator interferential unit device were sought. The applicant's work status was not clearly reported. Pain with gripping and grasping was evident. On a separate work status report dated September 9, 2015, the attending provider suggested that previously imposed permanent work restrictions should be renewed. There was no mention of whether the applicant was or was not working with said limitations in place, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multi Stim Unit plus supplies x 3 months: Upheld

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 based on Non-MTUS Citation Multi Stim Unit - Post Surgical Rehab Specialists www.postsurgicalrehab.com/pdf/MSUandMicroZ.pdf MSUMulti Stim Unit Features: Three forms of therapy: T.E.N.S., Interferential, and Neuromuscular Stimulator.

Decision rationale: No, the request for a multi-stimulator unit with supplies x3 months was not medically necessary, medically appropriate, or indicated here. The multi-stimulator unit, per the product description, is an amalgam of 3 forms of therapy, namely conventional TENS therapy, interferential therapy, and neuromuscular stimulation. However, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines notes that neuromuscular electrical stimulation, i.e., one of the modalities in the device, is not recommended in the chronic pain context present here but, rather, should be reserved for the post-stroke rehabilitative context. Since one of the modalities in the device was not indicated, the entire device was not indicated. Therefore, the request was not medically necessary.

Physical therapy 6 visits to the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Physical Medicine.

Decision rationale: Similarly, the request for 6 additional sessions of physical therapy to the wrist was likewise not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9-10 sessions of treatment for myalgias and myositis of various body parts, i.e., the diagnoses reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment and by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 48 to the effect that the value of physical therapy increases with a prescription for the same which clearly states treatment goals. Here, however, the September 9, 2015 office visit was thinly and sparsely developed. Clear treatment goals were neither stated nor formulated. The applicant's response to earlier therapy was unknown. The applicant's work and functional status were not clearly reported, although it did not appear that the applicant was working following imposition of permanent work restrictions. It was not clearly stated, in short, how (or if) the applicant could stand to gain from further formal physical therapy. Therefore, the request was not medically necessary.