

Case Number:	CM15-0216267		
Date Assigned:	11/05/2015	Date of Injury:	01/19/2014
Decision Date:	12/23/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/27/2015

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, North Carolina
 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 37 year old female who sustained an industrial injury on 01-19-2014. Medical records indicated the worker was treated for three separate work related injuries. The left hand and wrist injury (01-19-2014); injury to the right hand, wrist and shoulder (03-26-2013); and strain-sprain of the right elbow and right shoulder (09-02-2013). In the provider notes of 08-31-2015, the worker complains of pain in her left hand-wrist radiating to her fingers. She rates this pain as 4 out of 10. Repetitive twisting, lifting, carrying, pushing, pulling, climbing, gripping and grasping increase her pain. She has symptoms of anxiety and depression secondary to her pain and limitations. On exam, the left wrist range of motion in degrees is: Extension 40, Flexion 45, Radial deviation 15, and Ulnar deviation 30. Tinel's sign is markedly positive on the left. Phalen's sign is markedly positive on the left. There is tenderness at the distal radioulnar joint of the left wrist and tenderness at the triangular fibrocartilage complex at the left wrist. She has abnormal 2-point discrimination greater than 8mm at the median nerve. The treatment plan included ultrasound-guided cortisone injection for the left wrist, and pending requests for authorization for MRI of the left wrist and hand, and physical therapy to the left wrist. A request for authorization was submitted for: 1. Physical therapy for the left upper extremity 2 times a week for 6 weeks. 2. IF (Interferential) unit purchase for home use. 3. MRI of the left hand and wrist. A utilization review decision 09-29-2015: Non-certified: Physical therapy for the left upper extremity 2 times a week for 6 weeks; IF (Interferential) unit purchase for home use. Certified: MRI of the left hand and wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left upper extremity 2 times a week for 6 weeks: Upheld

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

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

Decision rationale: The request is for physical therapy (PT) to the left upper extremity twice weekly for 6 weeks. The patient completed 12 PT sessions in February 2014 for multiple upper extremity complaints. The medical records do not establish that the patient received any significant functional improvement with prior PT. The patient continues to report chronic deficits and remains off work. Without documentation of improvement, additional PT is not indicated. The request is not medically necessary and appropriate.

IF (Interferential) unit purchase for home use: 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 rationale: The request is for an interferential unit to treat chronic upper extremity pain. TENS therapy is not recommended as an isolated intervention, but a 1 month home trial may be considered as a noninvasive conservative option, if used as an adjunct to an evidence-based program of functional restoration. There appears to be no documentation of a trial in this case. Therefore, the request is not supported by guidelines and is not medically necessary and appropriate.