

<b>Case Number:</b>	CM15-0037052		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	09/15/2011
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 47 year old female, who sustained an industrial injury on 9/15/2010. She reports cumulative bilateral wrist and hand pain. Diagnoses include bilateral carpal tunnel syndrome with surgical release, right wrist ganglion cyst removal, thoracic outlet syndrome, depression and cervico-brachial syndrome. Treatments to date include surgery, physical therapy and medication management. A progress note from the treating provider dated 1/19/2015 indicates the injured worker reported bilateral hand pain and numbness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post op physical therapy 2 times a week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** The patient presents with cumulative bilateral wrist and hand pain rated 3/10. The request is for POST OP PHYSICAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS. The RFA provided is dated 01/19/15. Patient's diagnosis included bilateral carpal tunnel syndrome with surgical release, right wrist ganglion cyst removal, thoracic outlet syndrome, depression and cervico-brachial syndrome. Treatments to date included surgery, physical therapy, and medication management. The patient is permanent and stationary as of 01/14/15. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." For Carpal Tunnel Syndrome, the MTUS post-surgical guides pg15 recommends for postsurgical treatment (endoscopic) 3-8 visits over 3-5 weeks. Per the operative report dated 08/22/14, the patient underwent excision of recurrent volar wrist ganglion, right, complicated and nerve block for post-operative analgesia. Review of the medical reports showed that patient has received 44 physical therapy sessions post- op since 09/16/14 with the last reported session completed on 01/8/15. In this case, treater does not discuss the rationale for additional therapy and why on-going therapy is needed, or reason why the patient is unable to continue with the home exercise program. Furthermore, the requested 8 additional sessions with the 44 post-op treatments already authorized exceed what is allowed per MTUS for this kind of condition. Therefore, the request IS NOT medically necessary.

**Continued use of TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

**Decision rationale:** The patient presents with cumulative bilateral wrist and hand pain rated 3/10. The request is for POST OP PHYSICAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS. The RFA provided is dated 01/19/15. Patient's diagnosis included bilateral carpal tunnel syndrome with surgical release, right wrist ganglion cyst removal, thoracic outlet syndrome, depression and cervico-brachial syndrome. Treatments to date included surgery, physical therapy, and medication management. The patient is permanent and stationary as of 01/14/15. For TENS unit, MTUS guidelines, on page 116, require (1) Documentation of pain of at least three months duration (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed. (3) A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. (4) Other ongoing pain treatment should also be documented during the trial period including medication usage. (5) A treatment plan including the specific short- and long-term goals of treatment with the Tens unit should be submitted. (6) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, MTUS recommends TENS for neuropathic pain, CRPS, Multiple Sclerosis,

Phantom pain, and spasticity pain. Per MTUS, a one-month trial period of the TENS unit should be documented with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function during this trial. In this case, the treater does not provided any rationale regarding the request. Per progress report dated 01/19/15, treater states that the patient "may continue use of TENS unit." Treater has failed to document a one-month trial period of the TENS unit with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function during this trial. Furthermore, there is no diagnosis of neuropathy, CRPS, or other conditions for which a TENS unit is indicated. Therefore, the request IS NOT medically necessary.