

Case Number:	CM15-0040498		
Date Assigned:	03/10/2015	Date of Injury:	07/09/2014
Decision Date:	05/01/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/03/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 41 year old female who sustained an industrial injury on 7/9/2014. The initial reported injuries were noted to include injuries to her bilateral thumbs. The injured worker was diagnosed as having recurrent, bilateral De Quervain's tenosynovitis; sprain/strain of bilateral wrists; and radial styloid tenosynovitis - left hand and wrist. Treatments to date have included consultations; x-rays; steroid injection therapy; De Quervain's release - left (1/23/15); physical therapy with post-operative physical therapy; occupational therapy/modalities; heat/cold therapy; home exercise program; and medication management. The medical record of 1/5/2015 notes recommendation for surgical intervention for the left knee. Currently the injured worker complains of constant pain to the right and left thumb bases with numbness and tingling sensations. The medical records note she returned to work, on modified duties, on 7/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multi Stimulator unit supplies for 5 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273, Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

Decision rationale: According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no clear information about the patient having a TENS unit and using it. There is no recent documentation of recent flare of neuropathic pain. There is no strong evidence supporting the benefit of TENS for wrist disorders. Therefore, the prescription of Multi Stimulator unit supplies for 5 months is not medically necessary.

Aqua relief system purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: According to MTUS guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities maybe required to preserve most of these gains. (Tomas-Carus, 2007)There is no clear evidence that the patient have difficulty performing land based physical therapy. There is no documentation for a clear benefit expected from Aquatic therapy for his wrist condition. Therefore the prescription of Aqua relief system purchase is not medically necessary.