

Case Number:	CM15-0043502		
Date Assigned:	03/13/2015	Date of Injury:	07/12/2010
Decision Date:	04/24/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/09/2015

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 51 year old female, who sustained an industrial injury on 7/12/10. She reported right thumb injury. The injured worker was diagnosed as having bilateral carpal tunnel syndrome and questionable triangular fibrocartilage tear. Treatment to date has included right thumb surgery, occupational therapy, home exercise program, oral medications, transdermal patches and wrist brace. Currently, the injured worker complains of left elbow pain with flexion/extension of right thumb. The injured worker noted decreased symptoms with occupational therapy and H wave system. The treatment plan included continued H wave treatment, occupational therapy and (MRI) magnetic resonance imaging of left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional occupational therapy 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: Per the 02/17/15 report the patient presents with pain in the left elbow and right thumb with listed diagnoses of bilateral CTS and left TFCC tear. The current request is for additional occupational therapy 2X6. The RFA is not included. The patient is not working as of 01/20/15. MTUS 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. There is no evidence the patient is within a post-surgical treatment period. The reports provided for review state the patient felt somewhat better from prior physical therapy. PT treatment reports provided show the patient completed 12 visits for treatment of bilateral CTS on 01/27/15. This report states the patient complains of radial wrist pain weak grasp and dropping items and can perform most light to moderate ADL's slowly due to pain. In this case, the treating physician does not explain why additional therapy is needed at this time or state objective goals of the requested therapy. PT notes discuss HEP; however, there is no discussion of why transition to HEP is not adequate. Furthermore, the 12 sessions requested exceed what is allowed by the MTUS guidelines even when not combined with the 12 sessions already received. The request IS NOT medically necessary.

H-Wave device: 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 H-wave device Page(s): 113-117.

Decision rationale: Per the 02/17/15 report, the patient presents with pain in the left elbow and right thumb with listed diagnoses of bilateral CTS and left TFCC tear. The current request is for H-Wave device per the 02/24/15 RFA. The patient is not working as of 01/20/15. Per MTUS Guidelines, pages 113 - 117, "H-wave is not recommended as an isolated intervention, but a 1-month home-based trial of H-wave stimulation may be considered as a non-invasive conservative option for diabetic, neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration and only following failure of initially recommended conservative care." MTUS further states "trial periods of more than 1 month should be justified by documentations submitted for review." MTUS also states that "and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." The treating physician states on 02/25/14 that the patient has failed to respond to conservative care and trialed home H-wave from 01/19/15 to 2/17/15. A survey taken by H-wave is cited that reports increased function and decreased use of medication. A trial of TENS is mentioned as part of this survey. However, a survey by H Wave to document the efficacy of H-wave is not sufficient documentation unless verified by the treating physician. The 12/23/14 progress report requests authorization for a TENS unit; however, the progress reports provided for review do not document use of TENS and whether or not it was effective. The 01/20/15 progress report states the H-Wave unit along with physical therapy decreases the patient's symptoms; however, there is no documentation of objective improvement in pain and function or a description of how the unit is used. The request IS NOT medically necessary.

