MAXIMUS Federal Services

Case Number:	CM15-0058332		
Date Assigned:	04/03/2015	Date of Injury:	03/02/2015
Decision Date:	05/04/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/27/2015

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: Emergency 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 38 year old female who sustained a work related injury on March 2, 2015, incurring injuries to her left fifth digit, neck and elbow. She was diagnosed with lateral epicondylitis, brachia neuritis, radiculitis of the elbow, tenosynovitis of the hand and wrist. Treatment included physical therapy, and pain management. Progress note dated 3/10/15 documents, the injured worker complained of constant pinky finger pain, elbow pain and constant neck and shoulder blade pain. Objective exam reveals antalgic gait tilt to left, diffuse paraspinal tenderness and spasms, positive axial compression test. Decreased range of motion of spine, elbow has lateral epicondyle pain, swelling and positive Cozen's test, Tinel positive Decreased range of motion. The treatment plan that was requested for authorization included physical therapy for left fifth digit, cervical spine and left elbow and a Transcutaneous Electrical Nerve Stimulation (TENS) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 12 sessions, 2 times weekly for 6 weeks, Left Fifth Digit, Cervical Spine and Left Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines: Physical Therapy guidelines.

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

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Guidelines recommend an initial trial of 6 sessions of physical therapy before consideration of more with documentation of objective benefit. The number of requested sessions does not meet guideline recommendations and are therefore not medically necessary.

TENS (transcutaneous electrical nerve stimulation) Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: As per MTUS Chronic pain guidelines, TENS (Transcutaneous Electrical Nerve Stimulation) may be recommended only if it meets criteria. Evidence for its efficacy is poor. Pt does not meet criteria to recommend TENS. There is no documentation of failures of multiple conservative treatment modalities, this is the initial treatment with recent onset of injury. There is no documentation of an appropriate 1month trial of TENS. This is an inappropriate request that does not meet a single necessary criteria for TENS use. TENS is not medically necessary.