

Case Number:	CM15-0061041		
Date Assigned:	04/07/2015	Date of Injury:	12/12/2013
Decision Date:	05/07/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/31/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 52 year old female, who sustained an industrial injury on 12/12/2013. The initial complaints and diagnoses shoulder joint pain, carpal tunnel syndrome, tenosynovitis of hand and wrist, sprain of hand, sprain of shoulder. Treatment to date has included conservative care, medications, and conservative therapies (including 26/24 sessions of physical therapy). Currently, the injured worker complains of left shoulder pain. The injured worker reported that physical therapy and H-wave was helping with her symptoms and requested a unit for home use. The diagnoses include strain/sprain of the hand, strain/sprain of the shoulder, carpal tunnel syndrome and other tenosynovitis for the wrist/hands. The treatment plan consisted of 6 additional physical therapy session, H-wave trial for 30 days, continued medications, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy 2x3 in-house for left wrist: 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 Physical Medicine Page(s): 98-99.

Decision rationale: The injured worker sustained a work related injury on 12/12/2013. The medical records provided indicate the diagnosis of shoulder joint pain, carpal tunnel syndrome, tenosynovitis of hand and wrist, sprain of hand, sprain of shoulder. Treatment to date has included use of TENs unit, medications, and 26/24 sessions of physical therapy). Treatments have included conservative care, medications, and conservative therapies (including chiropractic care and physical therapy. The medical records provided for review do not indicate a medical necessity for outpatient physical therapy 2x3 in-house for left wrist. The records indicate the injured worker has had an unspecified number of physical therapy visits. The MTUS recommends a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine: Myalgia and myositis, unspecified 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. Based on the chronic pain guidelines, the maximum number of therapy visits for this condition is 10 followed by home exercise program.

H-wave trial for 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117.

Decision rationale: The injured worker sustained a work related injury on 12/12/2013. The medical records provided indicate the diagnosis of shoulder joint pain, carpal tunnel syndrome, tenosynovitis of hand and wrist, sprain of hand, sprain of shoulder. Treatment to date has included use of TENs unit, medications, and physical therapy. The medical records provided for review do not indicate a medical necessity for H-wave trial for 30 days. The records indicate the injured worker has benefited from the use of the H-wave machine, but there is no indication the injured worker has been enrolled in a functional restoration program. The MTUS states as follows, H wave is not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain (Julka, 1998) (Kumar, 1997) (Kumar, 1998), 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, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS).