

Case Number:	CM13-0001250		
Date Assigned:	03/03/2014	Date of Injury:	02/12/2013
Decision Date:	09/24/2014	UR Denial Date:	06/24/2013
Priority:	Standard	Application Received:	07/11/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Medical records reflect the claimant is a 63 male who sustained a work injury on 2-12-13. The claimant reported left and right hand, wrist and finger pain intermittently. He was provided with a diagnosis of bilateral carpal tunnel syndrome. The claimant has been treated with physical therapy and uses an H-wave at home. The claimant reports continued limitations in flexion of the digits.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL OCCUPATIONAL THERAPY 2 X4-6 FOR THE BILATERAL WRISTS.:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal tunnel syndrome, Physical Therapy.

Decision rationale: Chronic Pain Medical Treatment guidelines reflect that as it relates to physical therapy, one should Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. ODG reflects that medical

treatment: 1-3 visits over 3-5 weeks is recommended. This claimant has had 11/12 physical therapy sessions that have been approved. There is an absence in documentation noting that he cannot transition into a home exercise program or that there are extenuating circumstances to support additional occupational therapy over the ones already provided. Therefore, the medical necessity of this request is not established as necessary.

H-WAVE FOR THE BILATERAL WRISTS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 117-118. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - H wave stimulation.

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG reflects that H-wave stimulation is not recommended as an isolated intervention. There is an absence in documentation noting pain diaries documenting functional improvement and quantification of such improvement with the H-wave device he uses at home. Therefore, ongoing use of this modality is not supported as medically reasonable or necessary.