

Case Number:	CM14-0212286		
Date Assigned:	01/02/2015	Date of Injury:	08/30/2011
Decision Date:	03/12/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/18/2014

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 patient is a 39 year-old female with a 8/30/11 date of injury. According to the 11/19/14 orthopedic report, the patient presents with constant hand pain and swelling that radiates to the neck and back. The diagnosis was bilateral carpal tunnel syndrome. The 11/17/14 EMG/NCV study of the upper extremities is normal, no evidence of cervical radiculopathy or median nerve entrapment. On 12/9/14 utilization review denied a request for 18 sessions of PT or OT for wrist pain. The reviewer notes the patient is outside the postsurgical treatment timeframe and the number of sessions exceeds the guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical or occupational therapy; 18 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine

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

Decision rationale: The patient presents with wrist pain with normal EMG/NCV studies of the upper extremities. There is no indication that the patient had recent surgical procedures, so the MTUS chronic pain medical treatment guidelines apply. The request is for PT or OT x18. MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine section, pages 98-99 states that 8-10 sessions of therapy are indicated for various myalgias or neuralgias. The request for 18 sessions of therapy will exceed the MTUS recommendations. The request for Physical or occupational therapy; 18 sessions IS NOT medically necessary.

TENS unit: 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 TENS Page(s): 116.

Decision rationale: The patient is status post carpal tunnel release on 5/12/12 and complains of a flare-up of the bilateral hand pain with mild swelling. The pain radiates into the neck and back. The current request is for a TENS UNIT. The Utilization review denied the request stating that TENS units are not recommended for carpal tunnel syndrome. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and it is not recommended as a primary treatment modality but a 1-month home-based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. When a TENS unit is indicated, a 30-day home trial is recommended, and with documentation of functional improvement, additional usage may be indicated. In this case, the treating physician has requested a TENS unit without specifying duration. When a TENS unit is indicated, a 30-day home trial is recommended. The requested TENS unit IS NOT medically necessary.