

Case Number:	CM15-0011529		
Date Assigned:	01/29/2015	Date of Injury:	05/27/2014
Decision Date:	03/25/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/21/2015

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 36 year old male, who sustained an industrial injury on May 27, 2014. He has reported crush injury to right hand. The diagnoses have included open wound of finger, nonunion of fracture, disruption of wound and fracture phalanx hand unspecified open. Treatment to date has included 2 surgeries with partial amputation, numerous therapy sessions, and oral medications. Currently, the IW complains of hand pain improving. Treatment includes therapy and oral medications. On December 23, 2014 utilization review non-certified a request for 12 occupational therapy sessions and 1 Zynex Newwave unit and supplies, noting therapy exceeds recommended amount and no evidence of chronic pain. The Medical Treatment Utilization Schedule (MTUS) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated January 21, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Occupational Therapy Sessions: Upheld

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

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

Decision rationale: The patient presents with hand pain. The request is for 12 OCCUPATIONAL THERAPY SESSIONS. The request for authorization is not available. The patient is status-post open washout and debridement of right index finger, middle and distal phalangeal fractures 05/27/14. The patient is status-post division and inset of cross finger flap to right index finger 08/06/14. Incomplete range of motion of injured index finger, but good overall use of affected hand. A static progressive flexion orthosis is worn several times a day. The patient is using the RUE for feeding, brushing teeth and light daily activities. The patient's current medication includes Ibuprofen. X-ray of the right finger 05/27/14 shows fracture/dislocation involving the DIP joint and head of the middle phalanx, right index finger. X-ray of the right hand 07/18/14 shows minimal osseous fragmentation is present at the distal aspect of the middle phalanx on the right index finger. The patient is on modified work. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines 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." Treater has not provided reason for the request. Per submitted occupational therapy reports from 08/13/14 to 11/07/14 shows patient has had 24 sessions. Additionally, treater does not discuss any flare-ups, explain why on-going therapy is needed, or reason the patient is unable to continue with the home exercise program. Furthermore, the request for 12 additional sessions of occupational therapy would exceed guideline recommendation for the patient's condition. Therefore, the request IS NOT medically necessary.

1 Zynex Newwave unit and supplies: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, interferential current stimulation Page(s): 114-121.

Decision rationale: The patient presents with hand pain. The request is for 1 ZYNEX NEWWAVE UNIT AND SUPPLIES. The request for authorization is not available. The patient is status-post open washout and debridement of right index finger, middle and distal phalangeal fractures 05/27/14. The patient is status-post division and inset of cross finger flap to right index finger 08/06/14. Incomplete range of motion of injured index finger, but good overall use of affected hand. A static progressive flexion orthosis is worn several times a day. The patient is using the RUE for feeding, brushing teeth and light daily activities. The patient's current medication includes Ibuprofen. X-ray of the right finger 05/27/14 shows fracture/dislocation involving the DIP joint and head of the middle phalanx, right index finger. X-ray of the right hand 07/18/14 shows minimal osseous fragmentation is present at the distal aspect of the middle phalanx on the right index finger. The patient is on modified work. MTUS guidelines page 114 to 116 on TENS unit states that it is not recommended as a primary

treatment modality but a 1-month home-base TENS trial may be considered as a non-invasive conservative option if used as an adjunct to a program of evidence-based functional restoration. For an IF Unit, MTUS guidelines page 111 to 120 states that interferential current stimulation is not recommended as an isolated intervention. A 1-month trial may be appropriate to permit the treater to study the effect and benefits of its use. For NMES, MTUS guidelines page 121 on neuromuscular electrical stimulation (NMES devices) states, "Not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use for chronic pain. There is no intervention trial suggesting benefit from NMES for chronic pain." Treater has not provided reason for the request. The NexWave unit is a combination of TENS, interferential unit and MNES. Review of submitted documents do not show the patient has used the NexWave unit in the past. MTUS does not recommend NMES for treatment of chronic pain. Therefore, the request IS NOT medically necessary.