MAXIMUS Federal Services

Case Number:	CM15-0113358		
Date Assigned:	06/19/2015	Date of Injury:	09/24/2014
Decision Date:	07/21/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/11/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 33 year old female who sustained a work related injury September 24, 2014. While lifting a heavy bucket of medication, she developed sharp pain in her right hand. She also reported repetitive use of her bilateral upper extremities and complains of numbness and tingling to her right hand, and shooting pain from her neck throughout the arm and to the hand. According to a primary treating physician's progress report, dated May 6, 2015, the injured worker presented with shooting pains down her neck to her fingertips. She has tried a bilateral cubital and carpal tunnel pillow brace with minimal to no relief, and a steroid injection in the bilateral carpal tunnel, with no relief. Physical examination of the bilateral upper extremities revealed; on the left, decreased sensation in the volar aspect of the small finger, ring finger and thumb, can make a complete fist and extend all digits. The right upper extremity revealed decreased sensation globally to the hand, including radial, median and ulnar nerve distribution as well as the volar and dorsal aspect of the forearm, but intact to the upper arm area above her elbow. Impression is documented as bilateral arm numbness and tingling. Treatment plan included a cervical spine consult(authorized), a request for authorization for occupational therapy evaluation and treatment, and electrode pads for the TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy treatment x 5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Physical medicine guidelines.

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) Pain section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, occupational therapy treatment times five is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is bilateral arm numbness and tingling. According to a January 29, 2015 progress note, the treating provider requested occupational therapy and was authorized 12 visits. The injured worker completed 10 out of 12 authorized occupational therapy sessions. The injured worker has ongoing symptoms and was engaged in a home exercise program according to the physical therapy documentation. The request for authorization was dated May 12, 2015. A progress note dated May 6, 2015 subjectively states the injured worker was treated with a steroid injection for carpal tunnel syndrome that provided no relief. The treating provider doubts the injured worker is suffering from carpal tunnel syndrome. A spine consultation was requested to further evaluate the injured worker symptoms. Largely illegible occupational therapy progress notes #1 through #6 are present in the medical record. Progress notes #7 through #12 are not present in the medical record. There is no documentation demonstrating objective functional improvement to support ongoing occupational therapy. There are no compelling clinical facts documented in the medical record indicating additional physical therapy is warranted. Additionally, there is no documentation in the May 6, 2015 progress note stating additional occupational therapy times five is clinically indicated. Consequently, absent clinical documentation with objective functional improvement of prior occupational therapy, compelling clinical documentation indicating additional occupational therapy is warranted and documentation in the May 6, 2015 progress note indicating additional occupational therapy is warranted, occupational therapy treatment times five is not medically necessary.

Occupational therapy evaluation x 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92, 80. Decision based on Non-MTUS Citation CA MTUS ACOEM 2005 OMPG, Independent medical examinations and consultations Chapter 7 page 127.

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) Pain section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, occupational therapy evaluation times one is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is bilateral arm numbness and tingling. According to a January 29, 2015 progress note, the treating provider requested occupational therapy and was authorized 12 visits. The injured worker completed 10 out of 12 authorized occupational therapy sessions. The injured worker has ongoing symptoms and was engaged in a home exercise program according to the physical therapy documentation. The request for authorization was dated May 12, 2015. A progress note dated May 6, 2015 subjectively states the injured worker was treated with a steroid injection for carpal tunnel syndrome that provided no relief. The treating provider doubts the injured worker is suffering from carpal tunnel syndrome. A spine consultation was requested to further evaluate the injured worker symptoms. Largely illegible occupational therapy progress notes #1 through #6 are present in the medical record. Progress notes #7 through #12 are not present in the medical record. There is no documentation demonstrating objective functional improvement to support ongoing occupational therapy. There are no compelling clinical facts documented in the medical record indicating additional occupational therapy is warranted. The injured worker received 10 out of 12 occupational therapy visits with an authorization for 12. There is no clinical indication or rationale for an occupational therapy evaluation after receiving 12 occupational therapy visits. Additionally, there is no documentation in the May 6, 2015 progress note stating an occupational therapy evaluation is clinically indicated. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, occupational therapy evaluation times one is not medically necessary.

Electrode pads for the TENS unit (6 months supply): 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 unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, electrode pads for TENS unit (six month supply) is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional

details. In this case, the injured worker's working diagnosis is bilateral arm numbness and tingling. According to a January 29, 2015 progress note, the treating provider requested occupational therapy and was authorized 12 visits. The injured worker completed 10 out of 12 authorized occupational therapy sessions. The injured worker has ongoing symptoms and was engaged in a home exercise program according to the physical therapy documentation. The request for authorization was dated May 12, 2015. A progress note dated May 6, 2015 subjectively states the injured worker was treated with a steroid injection for carpal tunnel syndrome that provided no relief. The treating provider doubts the injured worker is suffering from carpal tunnel syndrome. A spine consultation was requested to further evaluate the injured worker symptoms. The injured worker has been using the TENS unit according to the documentation in the medical record. There was no documentation demonstrating objective functional improvement with the use of TENS. Additionally, there is no clear-cut clinical indication or rationale for TENS use. The injured worker is being treated for chronic bilateral arm numbness and tingling. TENS is not indicated for the forearm, wrist and hand. There is no documentation the injured worker has CRPS. There is no documentation of diabetic neuropathy or postherpetic. Consequently, absent clinical documentation with a clear-cut indication and clinical rationale for the TENS unit, evidence of objective functional improvement, a clear-cut diagnosis, and guidelines on recommendations for treatment of the forearm, wrist and hand, electrode pads for TENS unit (six month supply) is not medically necessary.