

<b>Case Number:</b>	CM15-0114052		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	09/23/2013
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: Maryland, Virginia, North Carolina  
 Certification(s)/Specialty: Plastic Surgery

### 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 09/23/13. She reports bilateral wrist pain. Diagnoses include carpal tunnel syndrome, and left wrist triangular fibrocartilage tear. Treatments to date include pain management, radiographic imaging, and physical therapy with good results. In a progress note dated 04/15/15 the injured worker reports she continues to experience pain to the bilateral wrists. Physical examination was significant for marked tenderness about the left wrist with clicking and catching. The left wrist has regained some motion with physical therapy. She is scheduled for a left wrist arthroscopy, and repair of triangular fibrocartilage tear. Treatment recommendations include pain medication, postoperative physical therapy for 12 sessions, and 30 day interferential unit, and cold therapy unit. The injured worker is under temporary total disability. Date of Utilization Review: 06/11/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions, post op physical therapy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10 and 22.

**Decision rationale:** The patient is a 52 year old female who was certified for diagnostic and operative arthroscopy for right wrist repair of TFCC. Therefore, postoperative physical therapy should be considered medically necessary based on the following guidelines: TFCC injuries-debridement (arthroscopic) [DWC]: Postsurgical treatment: 10 visits over 10 weeks; Postsurgical physical medicine treatment period: 4 months; From page 10, "Initial course of therapy" means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section. Therefore, based on these guidelines, 12 visits would exceed the initial course of therapy guidelines and is not medically necessary.

**Associated surgical service: 30 day interferential unit rental (IF):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118.

**Decision rationale:** The patient is a 52 year old female who was certified for diagnostic and operative arthroscopy for right wrist repair of TFCC. A request had been made for a 30 day interferential unit rental. From page 118, Interferential Current Stimulation (ICS) Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. (Van der Heijden, 1999) (Werner, 1999) (Hurley, 2001) (Hou, 2002) (Jarit, 2003) (Hurley, 2004) (CTAF, 2005) (Burch, 2008) Further, there are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique. Therefore, as there is no clear indication for IF treatment and that there is additionally no clear indication for postoperative treatment, this procedure is not medically necessary.

**Associated surgical service: Cold therapy unit purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) continuous cold therapy.

**Decision rationale:** The patient is a 52 year old female who was certified for diagnostic and operative arthroscopy for right wrist repair of TFCC. A request had been made for a cold therapy unit purchase. The Official Disability Guidelines (ODG) indicate that Continuous Cold Therapy (CCT) is recommended as an option only in the postoperative setting, with regular assessment to avoid frostbite. Postoperative use generally should be no more than seven (7) days, including home use. Passive modalities, such as heat, should be minimized in favor of active treatments. Therefore, a cold therapy unit purchase is not medically necessary, but a 7 day rental would be consistent with the guidelines.