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| Case Number: | CM15-0116294 | | |
| Date Assigned: | 06/24/2015 | Date of Injury: | 04/08/2015 |
| Decision Date: | 07/23/2015 | UR Denial Date: | 06/10/2015 |
| Priority: | Standard | Application Received: | 06/16/2015 |

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: Arizona, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

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

This 38 year old female sustained an industrial injury on 4/08/15. She subsequently reported right hand and wrist pain. Diagnoses include right wrist repetitive strain injury, right carpal tunnel syndrome, tendonitis and myofascial pain syndrome. Treatments to date include x-ray testing, physical therapy, modified work duty and prescription pain medications. The injured worker continues to experience right hand and wrist pain with radiation to the fingers. Upon examination, there was swelling and tenderness noted in the right hand. Motor strength was reduced in the right hand. Tinell's and Phalen's testing were positive. Deep tendon reflexes were 2/2. A request for Infrared was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Infrared: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low level laser therapy Page(s): 57.

Decision rationale: According to the guidelines, infrared and low-level laser therapy is not recommended. It has received clearance for carpal tunnel syndrome. In this case, the claimant does have carpal tunnel syndrome and the physician had requested TENS, acupuncture and therapy. Although the use of infrared may be FDA approved, there were no details provided on length and frequency of use and objective goals. The guidelines do not recommend infrared and the request is not medically necessary.