MAXIMUS Federal Services

Case Number:	CM15-0129313		
Date Assigned:	07/21/2015	Date of Injury:	02/21/2014
Decision Date:	08/17/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/02/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 30 year old male, who sustained an industrial injury on 2/21/2014. Diagnoses have included fracture of left distal radius status post open reduction internal fixation and complication of cephalic nerve injury at surgical site with sensory loss left thumb. Treatment to date has included surgery, physical therapy and medication. According to the progress report dated 6/5/2015, the injured worker complained of constant pain in his left wrist and thumb. He indicated that there had been increased pain and stiffness with swelling. Objective findings revealed left thumb lacks one eighth inch of reaching the fifth metacarpophalangeal (MCP). Authorization was requested for transcutaneous electrical nerve stimulation (TENS) interferential unit and supplies and physical therapy twice a week for eight weeks to the left forearm.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME; TENS/IF unit and supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential Current Stimulation (ICS) Page(s): 114-116, 118- 120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

Decision rationale: The claimant sustained a left distal radius fracture in February 2014 and underwent ORIF in March 2014 followed by post-operative physical therapy. When seen, the claimant had increasing left wrist and thumb pain, stiffness, and swelling. There was decreased thumb range of motion. In terms of TENS or interferential stimulation, a one-month home-based trial may be considered as a non-invasive conservative option. In this case, there is no documented trial of TENS or interferential stimulation and additionally a combination unit would not be considered medically necessary.

Physical Therapy 2 times a week for 8 weeks to the Left Forearm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a left distal radius fracture in February 2014 and underwent ORIF in March 2014 followed by post-operative physical therapy. When seen, the claimant had increasing left wrist and thumb pain, stiffness, and swelling. There was decreased thumb range of motion. The claimant has already had post-operative physical therapy and the physical medicine treatment period has been exceeded. The claimant is being treated under the chronic pain guidelines. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request was not medically necessary.