

Case Number:	CM15-0178991		
Date Assigned:	10/01/2015	Date of Injury:	03/04/2015
Decision Date:	12/09/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/11/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 is a 30 year old female with a date of injury on 3-4-15. A review of the medical records indicates that the injured worker is undergoing treatment for right hand, right wrist and right thumb. According to the medical records provided, the injured worker is having ongoing right wrist, right hand and right thumb pain. The pain is dull and achy, rated 6 out of 10. Objective findings: radiation of pain, tingling and swelling. She is receiving chiropractic treatment regularly. Request for authorization was made for myofascial release and CME extra-spinal 2 times per week for 3 weeks for right wrist and hand, mechanical traction, paraffin bath, electro stimulation 2 times per week for 3 weeks, occupational therapy 2 times per week for 3 weeks for wrist and hand. Utilization review dated 9-3-15 non-certified all the requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial release and chiropractic manipulative therapy 2 x 3 for the right wrist and hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), Manipulation.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. Per ODG Guidelines, manipulation for injuries of the hand is "Not recommended. Manipulation has not been proven effective in high quality studies for patients with pain in the hand, wrist, or forearm, but smaller studies have shown comparable effectiveness to other conservative therapies." This patient has a diagnosis of pain in the right hand and thumb with wrist strain. Per ODG, the requested therapy is not indicated. Therefore, based on the submitted medical documentation, the request for chiropractor services is not medically necessary.

Mechanical traction: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a prescription for mechanical traction in this patient. The clinical records submitted do not support prescription of a recommended location or frequency for use of this medication. The California MTUS guidelines address the topic of prescriptions. Per the guidelines, "There will be a limit of number of medications, and dose of specific medications." The traction prescription requested does not have a quantity, frequency or location of application in the instructions provided. Therefore, based on the submitted medical documentation, the request for mechanical traction is not medically necessary.

Paraffin bath: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand, Paraffin Wax.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The MTUS guidelines do not address paraffin baths. The ODG specifically states, "Recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise)." According to a Cochrane review, paraffin wax baths combined with exercises can be recommended for beneficial short-term effects for arthritic hands. These conclusions are limited by methodological considerations such as the poor quality of trials. This patient has not been demonstrated to have arthritis of the hands that would warrant the prescribed treatment. Therefore, based on the submitted medical documentation, the request for paraffin bath is not medically necessary.

Electro stimulation 2 x 3 for the right wrist and hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Percutaneous electrical nerve stimulation (PENS).

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The treatment at issue was electrostimulation administered by a medical provider; the electrostimulation is presumed to represent interferential current stimulation. Per the MTUS, this modality is not recommended as an isolated intervention. It may be used in association with exercise and medications. 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; the injured worker does not have any of these conditions. There are no standardized protocols for the use of interferential therapy. The ODG notes that interferential current therapy is not recommended for chronic pain. Therefore, based on the submitted medical documentation, the request for electrical stimulation sessions is not medically necessary.

Occupational therapy 2 x 3 for the right wrist and hand: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: There is sufficient clinical information provided to justify the medical necessity of occupational therapy for this patient. The value of physical and occupational therapy increases when a physician gives the therapist a specific diagnosis of the lesion causing the patient's symptoms. With a prescription that clearly states treatment goals, a physician can use communication with the therapist to monitor such variables as motivation and compliance. The California MTUS Guidelines state that physician should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Occupational therapy is recommended by MTUS for no more than 6-8 sessions in a trial of treatment to assess functional improvement. This patient has been requested to receive OT to the hand for 2x3 sessions. This is in accordance with MTUS guidelines. Therefore, based on the submitted medical documentation, the request for physical therapy is medically necessary.