MAXIMUS Federal Services

Case Number:	CM15-0064002		
Date Assigned:	04/10/2015	Date of Injury:	07/19/2012
Decision Date:	06/03/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/03/2015

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
Certification(s)/Specialty: Orthopedic Surgery, Sports 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 53 year old female who sustained an industrial injury to the neck, back, right hand, right shoulder and left knee on 07/19/2012. Previous treatment included magnetic resonance imaging, computed tomography, electromyography, cervical fusion, lumbar surgery, epidural steroid injections, physical therapy, acupuncture, bracing, transcutaneous electrical nerve stimulator unit, psychotherapy, home exercise and medications. In a PR-2 dated 03/12/2015, the injured worker complained of pain to the cervical spine with radiation down the right arm. Physical exam was remarkable for tenderness to palpation over bilateral wrists at the snuffbox with positive Phalen's and Tinel's tests bilaterally. The physician noted that the most recent electromyography exam (8/22/14) showed worsening progression of bilateral carpal tunnel syndrome. Current diagnoses included cervical spine disc protrusion, status post cervical spine fusion, cervical spine facet arthropathy, cervical spine sprain/strain, possible brachial plexus internal derangement, thoracic spine sprain/strain, right shoulder contusion, right upper extremity radiculopathy, moderate to severe bilateral carpal tunnel syndrome, right hand sprain, lumbar spine disc bulge, lumbar spine degenerative disc disease, status post lumbar spine surgery and left knee contusion. The treatment plan included bilateral carpal tunnel releases to be performed separately with a 2-3 month interval and associated surgical services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op physical therapy left wrist qty: 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 15-16.

Decision rationale: The California MTUS Guidelines state the initial course of therapy means 1 half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. The injured worker was pending authorization for bilateral carpal tunnel release. Postsurgical treatment following a carpal tunnel release includes 3 to 8 visits over 3 to 5 weeks. The current request for an initial 12 sessions of postoperative physical therapy would exceed the guideline recommendations. As such, the request is not medically necessary.

Post op physical therapy right wrist qty: 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 15-16.

Decision rationale: The California MTUS Guidelines state the initial course of therapy means 1 half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. The injured worker was pending authorization for bilateral carpal tunnel release. Postsurgical treatment following a carpal tunnel release includes 3 to 8 visits over 3 to 5 weeks. The current request for an initial 12 sessions of postoperative physical therapy would exceed the guideline recommendations. As such, the request is not medically necessary.

Post op Pro-Tech Multi Stim Unit for 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: The California MTUS Guidelines state postoperative TENS therapy is recommended as a treatment option for acute postoperative pain in the first 30 days following surgery. Rental is preferred over purchase at this time. In this case, the treating physician has also requested a TENS unit rental. The medical necessity for a multistimulator unit in addition to a TENS unit rental has not been established in this case. As such, the request is not medically necessary.

Post op TENS unit rental 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: The California MTUS Guidelines state postoperative TENS therapy is recommended as a treatment option for acute postoperative pain in the first 30 days following surgery. Rental is preferred over purchase at this time. In this case, the treating physician has also requested a multistimulator unit rental. The medical necessity for a multistimulator unit in addition to a TENS unit rental has not been established in this case. As such, the request is not medically necessary.