

Case Number:	CM15-0071925		
Date Assigned:	04/22/2015	Date of Injury:	05/01/2013
Decision Date:	05/20/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/15/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 60 year old male, who sustained an industrial injury on 5/1/2013. Diagnoses have included sciatica, lumbago, carpal tunnel syndrome and primary osteoarthritis of hand. Treatment to date has included left carpal tunnel surgery (10/30/2014), hand therapy. According to the progress report dated 3/31/2015, the injured worker complained of left hand numbness and tingling. He had completed 14 visits of certified hand therapy for the left side. He reported that range of motion; pain, swelling and sensation were much improved. He complained of significant difficulty with strengthening and reported difficulty opening jars and doors. Physical exam revealed that light stroke sensory testing was decreased in thumb, index and long fingers, but improved. Authorization was requested for occupational therapy and an H-wave device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy, 1 time weekly for 4 weeks, 4 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, occupational therapy, 1 time per week times four weeks (four sessions) is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are carpal tunnel syndrome; primary localized osteoarthrosis hand; hand pain; asthma; lumbago; and sciatica. The documentation, according to a March 31, 2015 progress note (the most recent progress note), shows the injured worker received 14 certified hand therapy sessions. Pain and sensation have improved but the injured worker still complains of difficulty with strength. Objectively, the treating provider documents elbow range of motion is full. Grip strength is documented but there were no other clinical objective findings of the left or right hands in the medical record. Notably, the physical therapist recommended occupational therapy one session per week times four weeks and an H wave device. The treating physician requested the additional physical therapy and H wave device but did not provide a clinical indication or rationale in his progress note dated March 31, 2015. For reference purposes, the physical therapy progress note dated March 16, 2015 contains the request for additional physical therapy and H wave device. Consequently, absent clinical documentation with a clinical indication and rationale by the treating provider for additional physical therapy/occupational therapy, one time per week times four weeks (four sessions) is not medically necessary.

H-Wave Device (Indefinite Use): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Device Page(s): 117-118. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) H-Wave Device.

Decision rationale: Pursuant to the Official Disability Guidelines, H wave device indefinite use is not medically necessary. H wave stimulation (HWT) is not recommended as an isolated intervention for chronic pain but one-month trial, home-based, may be considered as a noninvasive conservative option. There is insufficient evidence to recommend the use of H wave stimulation for the treatment of chronic pain as no high quality studies were identified. The following Patient Selection Criteria should be documented by the medical care provider for HWT to be determined medically necessary. These criteria include other noninvasive, conservative modalities for chronic pain treatment have failed, a one-month home-based trial following a face-to-face clinical evaluation and physical examination performed by the recommending physician, the reason the treating physician believes HWT may lead to functional improvement or reduction in pain, PT, home exercise and medications have not resulted in functional improvement or reduction of pain; use of tens for at least a month has not resulted and

functional improvement or reduction of pain. A one-month trial will permit the treating physician and physical therapy provider to evaluate any effects and benefits. In this case, the injured worker's working diagnoses are carpal tunnel syndrome; primary localized osteoarthritis hand; hand pain; asthma; lumbago; and sciatica. The documentation, according to a March 31, 2015 progress note (the most recent progress note), shows the injured worker received 14 certified hand therapy sessions. Pain and sensation have improved but the injured worker still complains of difficulty with strength. Objectively, the treating provider documents elbow range of motion is full. Grip strength is documented but there were no other clinical objective findings of the left or right hands in the medical record. Notably, the physical therapist recommended occupational therapy one session per week times four weeks and an H wave device. The treating physician requested the H wave device but did not provide a clinical indication or rationale in his progress note dated March 31, 2015. For reference purposes, the physical therapy progress note dated March 16, 2015 contains the request for the H wave device. Consequently, absent clinical documentation with a clinical indication and rationale by the treating provider for the H wave device, H wave device for indefinite use is not medically necessary.