

Case Number:	CM15-0095783		
Date Assigned:	05/22/2015	Date of Injury:	03/15/2000
Decision Date:	06/30/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/18/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65 year old female who sustained an industrial injury on 03/15/2000. The injured worker was diagnosed with bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome and bilateral thumb carpometacarpal basal joint arthritis. Treatment to date was not documented. The injured worker is status post right carpal tunnel release (no date documented). According to the primary treating physician's progress report on April 7, 2015, the injured worker continues to experience bilateral wrist and hand pain with numbness and tingling. Examination of the bilateral wrists demonstrated positive median nerve compression test, positive Tinel's, positive Phalen's, mildly positive first carpometacarpal grind test and negative Finkelstein's test. Wrist motion was unrestricted. Jamar grip strength on three attempts was zero kilograms on the right. Examination of the bilateral elbows noted positive elbow flexion test, positive Tinel's over the ulnar nerve and edema in both elbows more severe on the medial aspect. The injured worker is not currently taking any medications. Treatment plan consists of Electromyography (EMG)/Nerve Conduction Velocity (NCV) of the bilateral upper extremity, bilateral wrist splints and the current request for occupational therapy/physical therapy twice a week for 6 weeks and a transcutaneous electrical nerve stimulation (TEN's) unit for 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6 for the Bilateral Wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation ODG-TWC Carpal Tunnel Syndrome Procedure Summary Online Version.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The patient presents with pain affecting the bilateral wrist and hands accompanied with numbness and tingling. The current request is for Physical Therapy 2x6 for the Bilateral Wrists. The treating physician report dated 4/7/15 (29B) states, "I am requesting that the patient have occupational therapy twice a week for six weeks." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue with a home exercise program. The medical reports provided, show the patient is status post-carpal tunnel release (performed prior to 8/14/2012). It is unclear if the patient has received physical therapy previously. In this case, the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. Recommendation is for denial.

TENS Unit x 3 Month Rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

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

Decision rationale: The patient presents with pain affecting the bilateral wrist and hands accompanied with numbness and tingling. The current request is for TEN Unit x 3 Month Rental. The treating physician report dated 4/7/15 (29B) states, "I am humbly requesting tens unit rental for 3 months." Per MTUS guidelines, TENS units have no proven efficacy in treating chronic pain and are not recommend as a primary treatment modality, but a one month home based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, or Multiple Sclerosis. MTUS also quotes a recent meta-analysis of electrical nerve stimulation for chronic musculoskeletal pain, but concludes that the design of the study had questionable methodology and the results require further evaluation before application to specific clinical practice. There is no evidence in the documents provided that shows the patient has previously been prescribed a TENS unit for a one month trial as indicated by MTUS. In this case, while a one month trial would be reasonable and within the MTUS guidelines, the current request for a three-month trial exceeds the one month recommended by the MTUS guidelines. The current request does not satisfy MTUS guidelines as outlined on page 114. Recommendation is for denial.

