

Case Number:	CM13-0023128		
Date Assigned:	11/15/2013	Date of Injury:	07/03/2013
Decision Date:	01/07/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services.

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 patient is a 46-year-old male who reported an injury on 07/03/2013. The patient's symptoms include bilateral upper extremity pain with occasional numbness and tingling. The objective findings include atrophy of the right upper extremity, tenderness over the flexor and extensor tendons, tenderness to palpation is present over the 1st dorsal exterior compartments on the right side worse than the left, positive Finkelstein's test bilaterally, and decreased range of motion to bilateral upper extremities. The patient's diagnoses are listed as bilateral wrist/forearm sprain, tendonitis, De Quervain's tenosynovitis, and right carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand Chapter, Physical/ Occupational therapy..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand Chapter, Physical/ Occupational therapy..

Decision rationale: The patient has diagnoses of bilateral wrist and forearm sprain, tendonitis, De Quervain's tenosynovitis, and right carpal tunnel syndrome. According to ACOEM Guidelines, patients with disorders of the forearm, wrist and hand should be instructed in home

exercise and should be advised to do early range of motion exercises at home. It further states that instruction in proper exercise techniques is important and a physical therapist can serve to educate the patient about an effective exercise program. More specifically, the Official Disability Guidelines recommend physical therapy as 1 to 3 visits over 3 to 5 weeks for carpal tunnel syndrome. Therefore, a short course of physical therapy would be indicated for this patient. However, the case notes indicate that the patient was previously approved for 3 sessions of physical therapy on 08/31/2013 and there are no indications or exceptional factors to warrant further physical therapy beyond that which the patient has had up to this point. Therefore, the requested service is non-certified.

1 Ortho stim 4 unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand Complaints (Acute & Chronic)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Galvanic Stimulation, Interferential Current Stimulation, Neuromuscular electrical stimulation P.

Decision rationale: The patient has diagnoses of bilateral wrist and forearm sprain, tendonitis, De Quervain's tenosynovitis, and right carpal tunnel syndrome. The requested OrthoStim unit provides a combination of interferential current, neuromuscular electrical stimulation and galvanic current. According to CA MTUS, galvanic stimulation and neuromuscular electrical stimulation are not recommended. Therefore, the use of the ortho electric muscle stimulator is not supported by guidelines. For this reason, the requested service is non-certified.

Wrist brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: The patient has diagnoses of bilateral wrist and forearm sprain, tendonitis, De Quervain's tenosynovitis, and right carpal tunnel syndrome. According to ACOEM Guidelines, for the treatment of carpal tunnel syndrome, evidence supports the efficacy of neutral wrist splints. It further states that splinting should be used at night, and may be used during the day depending upon activity. Additionally, De Quervain's tenosynovitis, if not severe, may also be treated with a wrist and thumb splint. However, the patient was noted to have been dispensed wrist braces in 06/2013 and there was a lack of indications for a replacement brace at this time. Therefore, the prospective request for one (1) wrist brace is not medically necessary.

Voltaren XR 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Page(s): 70-71.

Decision rationale: The patient has diagnoses of bilateral wrist and forearm sprain, tendonitis, De Quervain's tenosynovitis, and right carpal tunnel syndrome. California MTUS Guidelines state that Voltaren XR should be used only as chronic maintenance therapy. Additionally, the guidelines state that for patients with major risk factors such as a recent MI, NSAID therapy is suggested as naproxen plus a low dose aspirin plus a proton pump inhibitor. The patient was noted to have a history of an MI. He was also noted to be taking Voltaren XR and omeprazole which is a proton pump inhibitor. However, there is no documentation of the patient having tried and failed naproxen or a low dose aspirin as recommended by California MTUS Guidelines as a first line treatment. Furthermore, there are no exceptional factors or an extensive history of other medications have been tried and failed prior to the patient being placed on Voltaren XR which should only be used as chronic maintenance therapy. Therefore, the requested service is non-certified.

Prilosec 20mg # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

Decision rationale: The patient has diagnoses of bilateral wrist and forearm sprain, tendonitis, De Quervain's tenosynovitis, and right carpal tunnel syndrome. The California MTUS Guidelines recommend the use of a proton pump inhibitor for patients with cardiovascular or gastrointestinal risk factors when they are using an NSAID. The patient's current medication list includes Voltaren XR which is an NSAID. Additionally, the patient's records note that prior to being on Voltaren XR he was taking ibuprofen which is also an NSAID. Although the documentation indicated the patient has had a previous myocardial infarction which would support cardiovascular risk, the prescription for Voltaren XR is currently not supported.

Electrode pack #12: 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 Since the ortho stimulator 4 unit is not medically necessary, none of the associated services are medically necessary.

Decision rationale: Since the ortho stimulator 4 unit is not medically necessary, none of the associated services are medically necessary

Power pack #36: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale:

Adhesive remover towels, mint# 48: 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 Since the ortho stimulator 4 unit is not medically necessary, none of the associated services are medically necessary..

Decision rationale: Since the ortho stimulator 4 unit is not medically necessary, none of the associated services are medically necessary.

Conductive glove garment: 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 Since the ortho stimulator 4 unit is not medically necessary, none of the associated services are medically necessary. .

Decision rationale: Since the ortho stimulator 4 unit is not medically necessary, none of the associated services are medically necessary.

Lead wire # 2: 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 Since the ortho stimulator 4 unit is not medically necessary, none of the associated services are medically necessary.

Decision rationale: Since the ortho stimulator 4 unit is not medically necessary, none of the associated services are medically necessary

Conductive mist spray: 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 Since the ortho stimulator 4 unit is not medically necessary, none of the associated services are medically necessary.

Decision rationale: Since the ortho stimulator 4 unit is not medically necessary, none of the associated services are medically necessary