MAXIMUS Federal Services

Case Number:	CM13-0032679		
Date Assigned:	12/11/2013	Date of Injury:	04/13/2012
Decision Date:	02/03/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/07/2013

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 Orthopedic Surgery and is licensed to practice in California, Pennsylvania and Connecticut. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 33 year old injured in work related accident on 04/13/12. Clinical records reviewed in this case include the recent report of 07/02/12 from treating physician [redacted], [redacted]., giving the claimant the following diagnoses of cervical sprain, disc protrusion, lumbar strain, lumbar disc bulging, lumbar spondylosis, biceps tenosynovitis of the left shoulder, degenerative joint disease of the left shoulder, bilateral carpal tunnel syndrome, chronic left ankle pain, anxiety, insomnia and a prior history of chemical exposures. Subjectively and specifically to the claimant's left wrist, there was noted to be a tingling and numbness sensation, worse with activities. Reviewed at that time were upper extremity electrodiagnostic studies from June of 2012 that noted moderate bilateral carpal tunnel syndrome. Objective findings to the left wrist showed full range of motion with an equivocal Tinel's sign, negative Phalen's test and weakness of the hand. Surgical intervention in the form of a carpal tunnel release procedure was recommended as well as use of a home interferential unit for neck and back symptoms and use of paraffin bath wax treatment for home use on the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left carpal tunnel release surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Release

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 270.

Decision rationale: A left carpal tunnel release procedure would not be indicated. The records in this case indicate the claimant's electrodiagnostic studies to be over a year and a half old with recent physical examination showing negative Phalen's testing and an equivocal Tinel's test which would be non-supportive of a diagnosis of carpal tunnel syndrome. The absence of recent clinical treatment in regards to the diagnosis with failure to correlate physical exam findings with electrodiagnostic studies would fail to necessitate surgical process. The guideline criteria clearly indicates that carpal tunnel syndrome must be proven by both physical examination findings and supported by nerve conduction testing before surgery is undertaken.

1 continuous use of IF4 unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Interferential Current Stimulation Page(s): 118, 120.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, an interferential unit for the neck and back in this case is not indicated. Records do not indicate the need for an interferential unit as an isolated intervention for treatment. There is no evidence to support its effectiveness except in conjunction with recommended treatments that include return to work, exercise and medication use with limited evidence to support its improvement without those recommendation treatments alone. Specific records in this case do not indicate a program or treatment that currently includes returning to work exercises and medications. The specific request for concordant use of an interferential device is not recommended.

1 continuous use of paraffin bath unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute and Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment: Forearm, Wrist and Hand Procedure - Paraffin wax baths

Decision rationale: When looking at Official Disability Guideline criteria, paraffin wax baths are recommended as a treatment for use in the arthritic hand. Records in this case give a diagnosis of carpal tunnel syndrome with no clinical documentation of arthritis to the hands being treated. Thus, the specific request for this form of a modality would not be indicated.