

Case Number:	CM13-0035190		
Date Assigned:	01/03/2014	Date of Injury:	02/11/2013
Decision Date:	03/19/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/16/2013

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 Pain Management has a subspecialty in Interventional Spine 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. 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:

This is a 51 year-old female with a 2/11/13 industrial injury claim. According to the 8/30/2013 orthopedic report, she presents with bilateral wrist and hand pain with left small finger pain. The diagnosis is bilateral wrist/hand pain, bilateral carpal tunnel syndrome, bilateral overuse syndrome and left small finger dorsal mass at the DIP. The plan was for bilateral CTR, bilateral median nerve blocks, left small finger excision/biopsy of mass and left finger digital block. The physician recommended post-operative PT and OD 2x6 or 3x4, and also recommended post-operative Durable Medical Equipment including cold unit and TENS (transcutaneous electrical nerve stimulation). On 9/26/13 UR approved the surgical procedures, but modified the post-operative PT to 8 sessions, and modified post-operative OT to 8 sessions and modified the cold therapy unit to 7-days post-operative rental, and modified the TENS to a 30 day rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Physical Therapy 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The patient is anticipating carpal tunnel release and excision of a 2cmx1.8cm tender and somewhat cystic mass at the dorsum of the DIP joint of the left small finger. The physician requested 12 sessions of post-operative PT and 12 sessions of post-operative OT. According to the MTUS/Post surgical treatment guidelines, the general course of care for a CTR is 3-8 visits, and the initial care would be half of this or 2-4 sessions. The guideline for a cyst shows a general course of care of 18 sessions and the initial course would be half of this or 9 sessions. The request for initial 12 sessions exceeds the MTUS/postsurgical recommendations, therefore is not medically necessary.

Post-operative Occupational Therapy 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The patient is anticipating carpal tunnel release and excision of a 2cmx1.8cm tender and somewhat cystic mass at the dorsum of the DIP joint of the left small finger. The physician requested 12 sessions of post-operative PT and 12 sessions of post-operative OT. According to the MTUS/Post surgical treatment guidelines, the general course of care for a CTR is 3-8 visits, and the initial care would be half of this or 2-4 sessions. The guideline for a cyst shows a general course of care of 18 sessions and the initial course would be half of this or 9 sessions. The request for initial 12 sessions exceeds the MTUS/postsurgical recommendations, therefore is not medically necessary.

Cold 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Chapter for Continuous Cold Therapy.

Decision rationale: The patient is anticipating carpal tunnel release and excision of a 2cmx1.8cm tender and somewhat cystic mass at the dorsum of the DIP joint of the left small finger. Utilization Review had modified the request for cold therapy to allow a 7-day rental. MTUS and ACOEM did not discuss the cold therapy units, so Official Disability Guideline was consulted. ODG guidelines specifically state: "Postoperative use generally should be no more than 7 days, including home use." The request for using the cold therapy unit over 7-days post-op is not in accordance with ODG guidelines, therefore is not medically necessary.

TENS (transcutaneous electrical nerve stimulation): 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 TENS (transcutaneous electrical nerve stimulation) Page(s): 114-121.

Decision rationale: The patient is anticipating carpal tunnel release and excision of a 2cmx1.8cm tender and somewhat cystic mass at the dorsum of the DIP joint of the left small finger. Utilization Review modified the request for post-operative TENS, to allow 30 days rental. Chronic Pain Medical Treatment Guidelines specifically state for post-operative pain, TENS is "Recommended as a treatment option for acute post-operative pain in the first 30 days post-surgery." The use of TENS beyond 30-days for post-operative pain is not in accordance with Chronic Pain Medical Treatment Guidelines. Therefore the request for TENS unit is not medically necessary.