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| Case Number: | CM13-0053858 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 05/06/2010 |
| Decision Date: | 05/19/2014 | UR Denial Date: | 11/05/2013 |
| Priority: | Standard | Application Received: | 11/18/2013 |

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. The expert reviewer is Board Certified in Orthopedic Surgery 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 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/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 58-year-old female who sustained an injury to the left upper extremity on May 6, 2010. Clinical records available for review document an arthroscopy with synovectomy, debridement and first dorsal extensor compartment release of the left wrist on February 19, 2013. The claimant underwent 18 sessions of postoperative physical therapy. A follow-up orthopedic assessment dated October 18, 2013, noted complaints of pain, stiffness and numbness of the left wrist. Physical examination showed diminished strength at 4/5 globally to the left upper extremity with negative Finkelstein's testing, positive Tinel's sign and Phalen's testing; tenderness was noted over the radial styloid and scapholunate joint. The claimant was diagnosed with carpal tunnel syndrome. Recommendations were for an additional 12 sessions of physical therapy, the use of a wrist brace, the purchase of a TENS unit, follow-up radiographs and a two-week reassessment. Three of the 12 sessions of physical therapy and the wrist brace were approved upon utilization review. This review addresses the requests for the purchase of a TENS unit, follow-up radiographs and the additional nine sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Section Page(s): 114-116.

Decision rationale: The California MTUS Chronic Pain Guidelines do not support the purchase of a TENS device. The Chronic Pain Guidelines recommend that a TENS unit could be used as an isolated intervention after failed documentation of first-line forms of conservative measures and is typically only recommended for use for a one-month trial period. The records provided for review do not reveal documentation of a trial of treatment with a TENS device. Therefore, the purchase of the device would not be medically indicated.

Follow up X-rays: 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 Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter, Radiography Section

Decision rationale: The California MTUS and ACOEM Guidelines do not contain criteria relevant to this request. According to Official Disability Guidelines, plain film radiographs of the wrist would not be indicated. The claimant underwent a wrist arthroscopy debridement and first dorsal compartment release and now has a diagnosis of carpal tunnel syndrome. In this stage in the claimant's postoperative recovery, there is no documentation within the records to indicate that radiologic follow up is necessary. The request for X-rays at this stage would not be supported as medically necessary.

Nine physical therapy sessions for carpal tunnel syndrome: Upheld

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

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

Decision rationale: According to California MTUS Chronic Pain Medical Guidelines, nine additional sessions of physical therapy for treatment of chronic carpal tunnel syndrome would not be indicated. The claimant completed 18 sessions of physical therapy since the March 2013 operative procedure. The records do not state why the additional sessions are indicated instead of transitioning to a home exercise program. The request is not medically necessary or appropriate.