

Case Number:	CM13-0071023		
Date Assigned:	01/08/2014	Date of Injury:	04/21/2009
Decision Date:	04/30/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/26/2013

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 Physical Medicine & 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 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 patient is a 56-year-old female who reported an injury on 04/21/2009. The patient was reportedly injured secondary to repetitive work activity. The patient is diagnosed with bilateral shoulder internal derangement, bilateral wrist carpal tunnel syndrome, and right thumb trigger finger. The patient was seen on 10/31/2013. The patient reported 7/10 sharp pain in bilateral wrists and shoulders. Physical examination revealed tenderness in bilateral shoulders and wrists. Treatment recommendations at that time included MRI of the bilateral shoulders and bilateral wrists, Functional Capacity Evaluation, physical therapy twice per week for 6 weeks, acupuncture treatment, VSNCT, TENS/EMS unit, and bilateral wrist braces.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAGE-ACTUATED SENSORY NERVE CONDUCTION THRESHOLD: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

Decision rationale: California MTUS/ACOEM Practice Guidelines state physical modalities such as massage, diathermy, cutaneous laser treatment, cold laser treatment, transcutaneous electrical neural stimulation, and biofeedback have no scientifically-proven efficacy in treating

acute hand, wrist, or forearm symptoms. Therefore, the current request cannot be determined as medically appropriate. There was also no evidence of a significant musculoskeletal or neurological deficit upon physical examination. There is no body part, frequency or total duration of treatment listed in the request. Therefore, the request is non-certified.

TENS/EMS UNIT, FOR 1 MONTH TRIAL: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

Decision rationale: California MTUS/ACOEM Practice Guidelines state physical modalities such as transcutaneous electrical neural stimulation units have no proven efficacy in treating acute hand, wrist, or forearm symptoms. Therefore, the current request cannot be determined as medically appropriate. Additionally, California MTUS Guidelines state there should be documentation of a treatment plan including the specific short-term and long-term goals of treatment with the TENS unit. There should also be evidence that other appropriate pain modalities have been tried and failed. The patient does not meet the above mentioned criteria as outlined by California MTUS Guidelines. Therefore, the request is non-certified.

TENS/EMS SUPPLIES (ELECTRODES, BATTERIES, AND LEAD WIRES) FOR MONTH; QTY 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 265-266.

Decision rationale: As the patient's TENS/EMS unit was not authorized, the current request is also not medically necessary. As such, the request is non-certified.

MRI OF BILATERAL SHOULDERS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: California MTUS/ACOEM Practice Guidelines state primary criteria for ordering imaging studies includes the emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program, or for clarification of the anatomy prior to an invasive procedure. The patient's physical examination on the requesting date only revealed tenderness to palpation of the bilateral shoulders. There is

no evidence of the emergence of a red flag. There is also no evidence of tissue insult or neurovascular dysfunction. There is no documentation of a failure to progress in a strengthening program. Based on the clinical information received and California MTUS/ACOEM Practice Guidelines the request is non-certified.

MRI OF BILATERAL WRISTS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: California MTUS/ACOEM Practice Guidelines state for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 weeks period of conservative care and observation. The patient's physical examination on the requesting date only revealed tenderness to palpation. There was no documentation of a significant musculoskeletal or neurological deficit. There is also no evidence of an exhaustion of conservative treatment for at least 4 to 6 weeks. The medical necessity has not been established. Therefore, the request is non-certified.