

Case Number:	CM13-0072302		
Date Assigned:	01/08/2014	Date of Injury:	03/10/2013
Decision Date:	04/10/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/30/2013

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 Geriatrics 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:

The injured worker is a 30 year old woman with a date of injury of 3/10/13. She was seen by her primary treating physician on 11/18/13 with complaints of left wrist pain and weakness in the left wrist, thumb and hand. Her physical exam showed tenderness in the first CMC joint and a positive Finkelstein's test on the right with pain with gripping and grasping on the left. Tinel's sign was negative at the carpal tunnel and cubital tunnel. Her diagnoses included left hand contusion and left De Quervain's syndrome. A spica splint for the left wrist, a home TENS unit for pain control and an orthopedic consult were all requested and are at issue in this review. Acupuncture was approved for the left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Spica splint for the left wrist and hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-285.

Decision rationale: Per the MTUS, splinting can be used as first-line conservative treatment for DeQuervain's syndrome, however it can also lead to weakness and stiffness. In this injured

worker, the injury was in March 2013, 8 months prior to the request for splinting which would be considered beyond the first line treatment time frame. The medical records do not document the medical necessity for a spica splint for the left hand and wrist.

Decision for multi-stim unit plus supplies for pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-117.

Decision rationale: A multi stim unit or TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. In this injured worker, other treatment modalities are not documented to have been trialed and not successful. Additionally, acupuncture was just approved. There is no indication of spasticity, phantom limb pain, post-herpetic neuralgia or multiple sclerosis which the TENS unit may be appropriate for. The medical necessity for a two month trial of multi stim unit with supplies is not documented.

Decision for orthopedic consultation for the left wrist and hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-285.

Decision rationale: This injured worker was denied a request for an orthopedic evaluation of the wrist and hand. Her physical exam does not show any red flag symptoms or signs which would be indications for immediate referral. Per the MTUS, The majority of patients with DeQuervain's syndrome will have resolution of symptoms with conservative treatment. Under unusual circumstances of persistent pain at the wrist and limitation of function, surgery may be an option for treating DeQuervain's tendinitis. Surgery, however, carries risks and complications including the possibility of damage to the radial nerve at the wrist because it is in the area of the incision. Other modalities of conservative therapy could be trialed prior to surgical referral and the medical records do not support the medical necessity of an orthopedic surgeon evaluation.