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| Case Number: | CM14-0004840 | | |
| Date Assigned: | 01/24/2014 | Date of Injury: | 07/15/2011 |
| Decision Date: | 09/11/2014 | UR Denial Date: | 12/18/2013 |
| Priority: | Standard | Application Received: | 01/10/2014 |

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 injured worker is a 52-year-old female who sustained a vocational injury on July 15, 2011. The most recent office note dated November 15, 2013, provides diagnoses of bilateral carpal tunnel syndrome and right hand flexor tenosynovitis. The injured worker was noted to have previously undergone right thumb and right index trigger finger release in 2012. At the November 15, 2013 office visit, the injured worker had complaints of bilateral hand and wrist pain, and bilateral hand numbness and tingling. Her symptoms were noted to be worse on the right side. On examination of the wrist, she had full motion bilaterally; positive Tinel's over the median nerve of the right wrist; and positive provocative tests for carpal tunnel syndrome, most remarkable on the left. The hand examination revealed full range of motion with normal sensibility and circulation with no intrinsic muscle weakness or atrophy bilaterally. There was no active triggering, locking or catching. Incisions in the palm proximal to the index and thumb on the right side were soft, pliable, and non-tender. She had full range of motion of the bilateral elbows. Documentation suggests that electrodiagnostic tests were obtained and were consistent with bilateral carpal tunnel syndrome. However, these were not available for review as well as no documentation of conservative treatment to date. Current request is for right carpal tunnel decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT CARPAL TUNNEL DECOMPRESSION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: Prior to considering the medical necessity for right carpal tunnel release, California MTUS ACOEM Guidelines note that there should be clear electrodiagnostic evidence supporting the diagnosis of carpal tunnel syndrome. It would be imperative to see the previous electrodiagnostic testing report to confirm that this has been completed and does in fact clearly delineate that the injured worker has carpal tunnel syndrome. In addition, California MTUS, ACOEM and Official Disability Guidelines, note that injured workers should fail to respond to conservative management including worksite modifications prior to considering surgical intervention. This does not appear to have been undertaken in this case. Furthermore, based on the documentation presented for review and in accordance with California MTUS and ACOEM Guidelines, the request for the right carpal tunnel decompression is not medically necessary.

POST-OP PHYSICAL THERAPY 2 X WK, 6 WKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: Surgical intervention has been deemed not medically necessary and subsequently the request for postoperative physical therapy times twelve sessions is not medically necessary.

POST-OP DME SPLINT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Carpal Tunnel chapter - Splinting.

Decision rationale: Surgical intervention has been deemed not medically necessary and subsequently the request for postop DME splint is not medically necessary.

TENS UNIT RENTAL 3-6 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS - TRANSCUTANEOUS ELECTROTHERAPY.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117. Decision based on Non-MTUS Citation Carpal Tunnel Chapter TENS (transcutaneous electrical neurostimulation) Not recommended. Transcutaneous electrical neurostimulation (TENS) units have limited scientifically proven efficacy in the treatment of carpal tunnel syndrome, but are commonly used in physical therapy. (Colorado, 1998) (Naeser, 2002) (Branco, 1999).

Decision rationale: California Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines (ODG) have been referenced due to the specificity of the request. Transcutaneous electrotherapy may be considered medically necessary if injured workers have failed traditional first line conservative treatment options and should only be considered on a one month home based trial. Official Disability Guidelines (ODG) have been referenced and note that TENS units are not recommended specifically in the setting of carpal tunnel syndrome, but may be used in the postoperative physical therapy progress. Based on documentation presented for review and in accordance with California Chronic Pain Medical Treatment Guidelines as well as Official Disability Guidelines, the request for the TENS unit for three to six month rental is not considered medically necessary.