

Case Number:	CM14-0012823		
Date Assigned:	02/24/2014	Date of Injury:	05/04/2012
Decision Date:	06/26/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	01/31/2014

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 Internal Medicine, and is licensed to practice in North Carolina, Colorado, California, and Kentucky. 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 54 year old female whose date of injury is 5/4/12. The mechanism of injury is described as packing nail supplies. EMG/NCV dated 10/31/13 revealed findings suggestive of left mild carpal tunnel syndrome and right moderate carpal tunnel syndrome. Re-evaluation dated 1/6/14 indicates that the injured worker complains of bilateral wrist pain. She reports that therapy and acupuncture have helped decrease her pain temporarily. On physical examination she has decreased grip strength bilaterally. She has tenderness to palpation of the bilateral extensor muscles. Diagnosis is carpal tunnel syndrome. MRI of the right wrist dated 1/28/14 revealed tear of the inferior ulnar slip of the triangular fibrocartilage, intraosseous ganglion cyst within the lunate, synovial versus a ganglion cyst ventral to the radioscaphoid joint, and a small pisotriquetral synovial cyst. MRI of the right hand is unremarkable. MRI of the left wrist dated 1/28/14 revealed a tear of the inferior ulnar slip of the triangular fibrocartilage and a small pisotriquetral synovial cyst. MRI of the left hand is unremarkable.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE MONTH HOME BASED TRIAL OF NEUROSTIMULATOR TENS-EMS WITH SUPPLIES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: There is no comprehensive assessment of recent treatment completed to date or the patient's response thereto submitted for review. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals were provided as required by the California MTUS guidelines. As such, the request is not medically necessary.