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| Case Number: | CM14-0012882 | | |
| Date Assigned: | 02/24/2014 | Date of Injury: | 10/22/2009 |
| Decision Date: | 08/07/2014 | UR Denial Date: | 01/28/2014 |
| 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 Occupational Medicine and is licensed to practice in Texas. 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 45-year-old female who had a work-related injury on 10/22/09. The injured worker was at work and had a slip and fall. She slipped on a cardboard box and landed on her tailbone. The pain was light at first and she self-treated with ice and Motrin. After several days however the pain did not go away and she began feeling pain down into her legs. Eventually, in early 2010, she reported the injury to her supervisor and she was sent for physical therapy, and medication. The pain did not go away and even became worse and she got to the point to where she could not walk. She felt numbness and pricking sensation as well as pain. She also has a cumulative injury to her upper extremities, diagnosed as bilateral carpal tunnel syndrome. The injured worker has had physical therapy, acupuncture and medications but because of an increase in her liver enzymes, she has had to stop all oral medication. She started on a cream/gel that did seem to help with her symptoms. She had an electromyogram (EMG) of her upper extremities on 06/19/10, which showed mild left carpal tunnel syndrome. On a progress note dated 10/15/13, diagnoses were lumbar degenerative disc disease, epicondylitis, shoulder joint pain and carpal tunnel syndrome. Prior utilization review on 01/28/14 request for bilateral wrist braces was non-certified, TENS patches was non-certified, Menthoderm topical ointment was partial certification, ultrasound therapy was non-certified, and the paraffin bath was non-certified. The most recent progress note was a physical examination was dated 10/28/13, the injured worker continued to complain of pain across her lower back, left greater than right legs and right shoulder. Physical examination showed reduced cervical and lumbar range of motion. Abnormal gait. Tenderness to palpation cervical and lumbar paraspinal muscles. Tenderness to palpation left sacroiliac (SI) joint. Tenderness to palpation with hypertonicity in her right trapezius. The pain level was an 8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for bilateral wrist braces (provided on 1/8/14): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Worker's Comp (ODG-TWC), Carpal Tunnel Syndrome, Procedure Summary (last updated 05/07/2013).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome (Acute & Chronic), Splinting.

Decision rationale: The request for retrospective request for bilateral wrist braces provided on 1/8/14 is medically necessary. The injured worker has diagnosis of carpal tunnel syndrome (CTS), and guidelines state; When treating with a splint, there is scientific evidence to support the efficacy of neutral wrist splints in CTS, and it may include full-time splint wear instructions as needed, versus night-only. As such, medical necessity has been established.

TENS patches, two (2) pair quantity 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Chong, 2003; Spruce, 2002; Niv, 2005; Finsen, 1988; Lundeberg, 1985; Aydin, 2005; Miller, 2007; Koke, 2004; Johnson, 2007; Novak, 2007; Furlan, 2007; Poitras, 2008; BlueCross BlueShield, 2007; Medicare, 2006; Aetna, 2005; Humana, 2004; US Dept VA, 2001; Cruccu, 2007.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome (Acute & Chronic), TENS (Transcutaneous Electrical Neurostimulation).

Decision rationale: The request for TENS patches two (2) pair qty. 2 is not medically necessary. The guidelines state 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. Therefore, medical necessity has not been established.

Menthoderm topical ointment: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Namaka, 2004; Colombo, 2006; Argoff, 2006.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Topical Analgesics.

Decision rationale: The request for Mentherm topical ointment is medically necessary. The clinical documentation supports the request, because of an increase in her liver enzymes she has had to stop all oral medication. In addition, clinical documentation states the injured worker was getting some relief with the use of the Mentherm topical ointment. Therefore, medical necessity has been established.

Ultrasound Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Worker's Comp, Low Back, Procedure Summary (last updated 12/27/2013).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic), Ultrasound, therapeutic.

Decision rationale: The request for ultrasound therapy is not medically necessary. Guidelines state; under study. Limited studies suggest there are satisfying medium term effects due to ultrasound treatment in patients with mild to moderate idiopathic carpal tunnel syndrome, but the effect is not curative. The latest Cochrane review concluded there is only poor quality evidence from very limited data to suggest that therapeutic ultrasound may be more effective than placebo for either short- or long-term symptom improvement in people with carpal tunnel syndrome (CTS). As such, medical necessity has not been established.

Paraffin bath treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Worker's Comp (ODG-TWC), Forearm, Wrist, and Hand, Procedure Summary (last updated 05/08/2013).

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, & Hand, Paraffin Wax Baths.

Decision rationale: The request for paraffin bath treatment is not medically necessary. The clinical documentation submitted for review does not support the request. According to the guidelines, paraffin baths are recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise). According to a Cochrane review, paraffin wax baths combined with exercises can be recommended for beneficial short-term effects for arthritic hands. Therefore, medical necessity has not been established.