

Case Number:	CM14-0015690		
Date Assigned:	03/03/2014	Date of Injury:	09/16/2011
Decision Date:	07/31/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/07/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 53-year-old female who has filed a claim for carpal tunnel syndrome associated with an industrial injury date of September 16, 2011. Review of progress notes indicates that the patient has recently undergone right carpal tunnel release and presents with numbness and pain to the right wrist and hand. Findings include tenderness and decreased range of motion of the right wrist. Treatment to date has included opioids, muscle relaxants, sedatives, physical therapy, right trigger thumb release in August 2012, left ulnar nerve transposition and left carpal tunnel release in February 2012, and right carpal tunnel release in January 2014. Utilization review from January 29, 2014 denied the requests for arc sling as there is questionable efficacy regarding its use; A-stim as there was no information regarding a previous trial; heat/cold therapy system as there was no documentation of duration of use; and continuous passive motion as there was no information regarding flexor tendon repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

A-STIM UNIT AND SUPPLIES FOR PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TENS, 116.

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

Disability Guidelines (ODG) Other Medical Treatment Guideline or Medical Evidence:
<http://www.abrexix.com/electrotherapy/a-stim>.

Decision rationale: An online search indicates that an A-stim unit is an anti-inflammatory based treatment modality that uses two medium frequencies of different cycles to deliver a low frequency at a specific point, providing pain relief that is greater than TENS/NMS systems. According to CA MTUS Chronic Pain Medical Treatment Guidelines, transcutaneous electrotherapy is a modality that can be used in the treatment of pain. In this case, the patient has previously undergone right carpal tunnel release. However, there is no indication for use of transcutaneous electrotherapy for the management of carpal tunnel syndrome. Also, there is no guideline recommendation for use of an A-stim unit, and likewise, for the purchase of the unit without prior trial and evidence of efficacy. Therefore, the request for A-stim unit and supplies for purchase was not medically necessary.

HOT/COLD CONTRAST SYSTEM - 60 DAYS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Aetna was used instead. Aetna considers the use of the Hot/Ice Machine and similar devices (e.g., the Hot/Ice Thermal Blanket, the TEC Thermoelectric Cooling System (an iceless cold compression device), the Vital Wear Cold/Hot Wrap, and the Vital Wrap) experimental and investigational for reducing pain and swelling after surgery or injury. Studies in the published literature have been poorly designed and have failed to show that the Hot/Ice Machine offers any benefit over standard cryotherapy with ice bags/packs; and there are no studies evaluating its use as a heat source. There is no indication for use of a hot/cold unit for the post-operative management of carpal tunnel syndrome. Therefore, the request for hot/cold contrast system - 60 days was not medically necessary.

HAND/WRIST CPM: Upheld

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

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, and Hand chapter, Continuous passive motion (CPM).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, continuous passive motion is recommended after flexor tendon repair of the hand. There is no documentation of a flexor tendon repair in this patient to support this request. Therefore, the request for hand/wrist CPM was not medically necessary.

ARC SLING: Upheld

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

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 chapter, Splinting.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, splinting of the wrist in neutral position at night is recommended as an option in conservative treatment. Use of daytime splints has positive, but limited evidence. Splinting after surgery has negative evidence. There is no guideline discussion regarding an arc sling for carpal tunnel syndrome. However, use of a splint after carpal tunnel surgery is not recommended. Therefore, the request for arc sling was not medically necessary.