

Case Number:	CM14-0018441		
Date Assigned:	04/18/2014	Date of Injury:	04/25/2012
Decision Date:	07/09/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/13/2014

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 Physical Medicine & Rehabilitation has a subspecialty in Pain Medicine 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 patient is a 36 year old female who was injured on 04/25/2012 due to a repetitive strain. Prior treatment history has included the patient undergoing carpal tunnel surgery on 10/18/2012. He also received myofascial therapies and six sessions of biofeedback. Medications include Flexeril. Progress note dated 01/21/2014 documents that the patient is feeling 85% better. Pain varies between a 1-2/10 level. He has stopped Flexeril for pain relief. We requested myofascial therapy but were non-certified. The patient had reached the limit of 24 visits. Again, the patient states that myofascial therapy was helpful. He noted a decrease of pain symptoms and increase in functional ADLs and exercises. He was able to decrease medication intake. The patient completed six sessions of biofeedback with [REDACTED]. HE made excellent progress regarding change of work behaviors through muscle control and increase sensory awareness. Objective findings on examination of the cervical spine reveal normal contours. Discrete tender trigger point over the neck and posterior shoulders. Motor is intact. Sensation intact. Inspection of upper extremity reveals carpal tunnel surgery scar. Phalen's is positive. Ulnar nerves are sensitive. Impression: 1.Repetitive strain injury with myofascial pain syndrome, neck and bilateral upper extremities. 2.Status post right carpal tunnel surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 DRAGON NATURALLY SPEAKING SOFTWARE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Computer/Electronic Accommodations Program. <http://www.cap.mil/WSM/Solutions/ProductDisability.aspx?DisabilityID=1>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CAP Computer/Electronic Assistive Program <http://www.cap.mil/Solutions/ProductCategory.aspx?DisabilityID=7&CategoryID=29&SolutionType=Products>.

Decision rationale: According to the referenced literature, Speech recognition software assists people with more severe dexterity disabilities (cerebral palsy, prosthesis, polio, quadriplegia, severe carpal tunnel, etc.), by allowing users to speak words rather than type. The user can also use voice commands in place of a mouse or other pointing device. The patient's electrodiagnostic study was negative. Physical examination is essentially unremarkable. The patient is working full-duty. The patient does not have the physical disabilities that would justify consideration of voice-recognition software. The request is not medical in nature, and the medical necessity is not established. Therefore the request is not medically necessary.

6 SESSIONS OF MYOFASCIAL THERAPY/DEEP TISSUE MASSAGE FOR THE BILATERAL UPPER EXTREMITIES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

Decision rationale: According to CA MTUS guidelines, massage treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. The medical records document the patient has received several sessions of myofascial therapy/massage to date. The medical records do not establish clinically significant objective functional improvement with the rendered passive therapy. Massage is a passive intervention and treatment dependence should be avoided. The medical necessity of additional sessions is not established, and the request is not medically necessary.

6 SESSIONS OF BIOFEEDBACK TREATMENT FOR THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Biofeedback.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: According to the ACOEM guidelines, "Physical modalities, such as massage, diathermy, cutaneous laser treatment, "cold" laser treatment, transcutaneous electrical neurostimulation (TENS) units, and biofeedback have no scientifically proven efficacy in treating acute hand, wrist, or forearm symptoms." The CA MTUS guidelines state biofeedback is not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity. The patient is not participating in a CBT program, and has already returned to activity and utilizes a self-exercise program. The medical records indicate the patient has already completed several sessions of biofeedback to date. There lacks evidence of clear, clinically significant objective functional gains with rendered sessions. Furthermore, the medical records do not establish the existence of significant pain and loss of function as to warrant consideration of further treatment. At this juncture, the patient should be able to utilize the instruction from the prior biofeedback course, and apply on his own. Therefore the request is not medically necessary.

1 FREESTYLE KEYBOARD WITH VIP3 LIFTER KIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment for Works' Compensation, Online Edition Chapter Forearm, Wrist, & Hand.

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, Ergonomic Interventions and <http://www.cap.mil/Solutions/ProductCategory.aspx?DisabilityID=7&CategoryID=29&SolutionType=Products>

Decision rationale: According to the Official Disability Guidelines, ergonomic interventions are under study. While results from several studies suggest that multiple component ergonomics programs, alternative keyboard supports, and mouse and tool redesign may be beneficial, none of the studies conclusively demonstrates that the interventions would result in the primary prevention of carpal tunnel syndrome in a working population. According to the medical records, the patient is working full-duty, has an essentially unremarkable physical examination, and negative electrodiagnostic studies. The medical records do not establish the existence of significant functional loss or extenuating circumstances that warrant an intervention of which efficacy has not been proven. The medical necessity of the request is not established, and the request is not medically necessary.

1 FOREARM SUPPORT WITH DUAL MOUSE WINGS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment for Works' Compensation, Online Edition Chapter Forearm, Wrist, & Hand.

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, Ergonomic Interventions.

Decision rationale: According to the Official Disability Guidelines, ergonomic interventions are under study. While results from several studies suggest that multiple component ergonomics programs, alternative keyboard supports, and mouse and tool redesign may be beneficial, none of the studies conclusively demonstrates that the interventions would result in the primary prevention of carpal tunnel syndrome in a working population. According to the medical records, the patient is working full-duty, has an essentially unremarkable physical examination, and negative electrodiagnostic studies. The medical records do not establish the existence of significant functional loss or extenuating circumstances that warrant an intervention of which efficacy has not been proven. The medical necessity of the request is not established, and the request is not medically necessary.

1 WACOM TABLET: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment for Works' Compensation, Online Edition Chapter Forearm, Wrist, & Hand.

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, Ergonomic Interventions; Pain, Durable Medical Equipment (DME) and <http://www.wacom.com/en/us/business/technology-solutions>.

Decision rationale: According to the Official Disability Guidelines, DME is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME), which includes equipment which: (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury. According to the manufacturer's website, "Designers around the world depend on Wacom products to take their designs from idea to reality. No matter what your discipline, from fashion to graphic to product design, Wacom's pressure-sensitive pen displays and tablets work with your favorite design software to offer more intuitive and natural ways to concept, edit, and enhance your designs as well as time-saving controls to improve your workflow." The device is not medical in nature. The medical records do not establish the device is medically necessary for the management of the patient's industrial injury, and the request is not medically necessary.