

Case Number:	CM14-0172134		
Date Assigned:	10/23/2014	Date of Injury:	02/19/2008
Decision Date:	11/26/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/17/2014

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 Interventional Spine 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 29-year-old female with an injury date of 02/19/08. Based on the 07/28/14 progress report provided by [REDACTED] the patient complains of right hand weakness and pain. Physical examination to the right wrist/hand revealed previous surgical scars identified and tenderness to palpation and painful range of motion. Progress report dated 09/25/14 states that patient received 7 of 12 occupational therapy sessions for the hand. Her condition is improving and surgery has provided 50% pain relief and 75% numbness relief. Patient is continuing with home exercise program. Per progress report dated 10/02/14, she had a flare up of symptoms with pain radiating to the forearm. Patient has intractable pain and the physician is recommending Hakomed treatment. Diagnosis 09/25/14 include PN Carpal Tunnel Syndrome, status post Carpal Tunnel Release, Bilateral, disorder of tendon NOS, ECU subluxation, left- SS TFCC/DRUJ, status post distal R-U left ligament reconstruction, left tear intercarpal ligament, status post L-T ligament repair, left cubital tunnel syndrome and left status post ulnar nerve release with medial epicondylectomy. The utilization review determination being challenged is dated 10/10/14. The rationale follows: 1) Right wrist splint purchase: "The documentation submitted for review indicated the patient was provided a wrist splint. However, the documentation failed to provide evidence of an improvement in function or decrease in pain with the use of wrist splint." 2) Hakomed horizontal electrotherapy for the right wrist, five sessions: "electrical stimulation for the wrist is not recommended by the guidelines and the documentation failed to provide a rationale for the need of the requested treatment." 3) Neuromuscular re-education five sessions: "electrical stimulation for the wrist is not recommended by the guidelines and the documentation failed to provide a rationale for the need of the requested

treatment." [REDACTED] is the requesting provider and he provided treatment reports from 07/08/14 - 10/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right wrist splint purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114 and 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carpal Tunnel Syndrome (Acute & Chronic) chapter, Splinting states: Wrist splinting after CTR.

Decision rationale: Patient presents with right hand weakness and pain. She is status post bilateral carpal tunnel release; date unspecified and left ulnar nerve release with medial epicondylectomy. Per physicians report dated 09/25/14, her condition improved and surgery provided 50% pain relief and 75% numbness relief. Patient is continuing with home exercise program. ODG Guidelines, Carpal Tunnel Syndrome (Acute & Chronic) chapter, Splinting states: Wrist splinting after CTR: "Splinting after surgery has negative evidence. Two prospective randomized studies show that there is no beneficial effect from postoperative splinting after carpal tunnel release when compared to a bulky dressing alone. In fact, splinting the wrist beyond 48 hours following CTS release may be largely detrimental, especially compared to a home physical therapy program. "Per progress report dated 10/02/14, she had a flare up of symptoms with pain radiating to the forearm. The physician has not documented why the patient needs to splint her wrist. Based on guidelines, splinting the wrist may be detrimental, therefore recommendation is for denial.

Hakomed horizontal electrotherapy for the right wrist, five sessions: 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), Forearm, Wrist & Hand Section

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: Patient presents with right hand weakness and pain. She is status post bilateral carpal tunnel release; date unspecified and left ulnar nerve release with medial epicondylectomy. Per physicians report dated 09/25/14, her condition improved and surgery provided 50% pain relief and 75% numbness relief. Patient is continuing with home exercise program. MTUS Guidelines, page 121, Chronic Pain Medical Treatment Guidelines: Neuromuscular electrical stimulation (NMES devices) states: "Not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. (Moore, 1997)" Per progress report dated 10/02/14, patient had a flare up of

symptoms with pain radiating to the forearm. The physician is recommending Hakomed treatment because she has intractable pain. MTUS does not recommend neuromuscular electrical stimulation for patient's condition. Recommendation is for denial.

Neuromuscular re-education, five sessions: 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 Manual therapy & manipulation Page(s): 58-59.

Decision rationale: Patient presents with right hand weakness and pain. She is status post bilateral carpal tunnel release; date unspecified and left ulnar nerve release with medial epicondylectomy. Per physicians report dated 09/25/14, her condition improved and surgery provided 50% pain relief and 75% numbness relief. Patient is continuing with home exercise program. WWW.NMRSEMINARS.COM states that "Neuromuscular Re-education" is a "stand-alone" hands-on technique/treatment approach developed by a chiropractor. Regarding chiropractic treatments, MTUS Guidelines, pages 58-59 states: "Chronic Pain Medical Treatment Guidelines: Manual therapy & manipulation: Recommended for chronic pain if caused by musculoskeletal conditions. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended." Per progress report dated 10/02/14, patient had a flare up of symptoms with pain radiating to the forearm. The physician has not documented reason for the request nor has he explained neuromuscular re-education in review of medical records. Manual therapy and manipulation are not recommended by MTUS for the patient's condition. Recommendation is for denial.