

Case Number:	CM14-0175829		
Date Assigned:	10/28/2014	Date of Injury:	06/26/2013
Decision Date:	12/05/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/23/2014

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 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:

According to the records made available for review, this is a 39-year-old female with a 6/26/13 date of injury. At the time (10/16/14) of request for authorization for wrist splints for purchase and TENS unit for purchase, there is documentation of subjective (left wrist pain most prominent rated 6/10, greater than right wrist, bilateral hand numbness; bilateral wrist pain with associated numbness and tingling) and objective (tenderness to palpation left wrist and digits, tenderness along the joint line worse at the base of fist digit, guarded range of motion; right wrist mild tenderness over the joint line) findings, current diagnoses (DeQuervain's tenosynovitis, wrist sprain/strain, hypermobility syndrome), and treatment to date (medications, activity modification, and physical therapy). 9/26/14 request form identifies the goals for TENS unit that include to improve functional restoration, reduce pain, increase range of motion, reduce need for medications, and decrease the number of flare-ups of symptoms. Regarding the requested wrist splints for purchase, there is no documentation of a condition/diagnosis (with supportive objective findings) for which a right wrist splint is indicated (such as: moderate or severe acute or subacute wrist sprains). Regarding the requested TENS unit for purchase, there is no documentation of a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wrist splints for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which a wrist brace is indicated (such as: acute, subacute, or chronic CTS; moderate or severe acute or subacute wrist sprains; acute, subacute, or chronic ulnar nerve compression at the wrist; acute, subacute, or chronic radial nerve neuropathy; scaphoid tubercle fractures; acute flares or chronic hand osteoarthritis; Colles' fracture; or select cases (i.e., patients who decline injection) of acute, subacute, or chronic flexor tendon entrapment), as criteria necessary to support the medical necessity of wrist splinting. Within the medical information available for review, there is documentation of diagnoses of DeQuervain's tenosynovitis, wrist sprain/strain, and hypermobility syndrome. However, despite documentation of a diagnosis of wrist sprain/strain, given documentation of objective findings of mild tenderness over the joint line at the right wrist, there is no documentation of a condition/diagnosis (with supportive objective findings) for which a right wrist splint is indicated (such as: moderate or severe acute or subacute wrist sprains). Therefore, based on guidelines and a review of the evidence, the request for Wrist Splints for is not medically necessary.

TENS unit for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 113-117.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS, as criteria necessary to support the medical necessity of a month trial of a TENS unit. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use), as criteria necessary to support the medical necessity of continued TENS unit. Within the medical information available for review, there is documentation of diagnoses of DeQuervain's tenosynovitis, wrist sprain/strain, hypermobility syndrome. In addition, there is documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS. However, there is no documentation of a statement identifying that the TENS unit will be used as

an adjunct to a program of evidence-based functional restoration. In addition, the requested TENS unit for purchase exceed guidelines (a month trial of a TENS unit). Therefore, based on guidelines and a review of the evidence, the request for TENS unit is not medically necessary.