

Case Number:	CM14-0022196		
Date Assigned:	06/11/2014	Date of Injury:	08/24/2010
Decision Date:	07/28/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/21/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Orthopedic Surgery, 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 Physician 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 55-year-old female with a reported injury on 08/24/2010. The mechanism of injury was not provided. The injured worker had an exam on 12/02/2013 with complaints of the left wrist and of not being able to lift, painful grasp and squeeze, and decrease in grip. The current medication list consisted of Ultram, naproxen, and also Norflex. Her diagnoses included wrist with mild left carpal tunnel syndrome. The recommended treatment was for her to have carpal tunnel release surgery and to continue her medications and also to have OS (OrthoStim) 4 unit for the home use. There was no evidence of any prior therapy and there was no mention of a Thermophore unit for home use either. The request for authorization was signed on 12/02/2013. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOSTIM 4 UNIT: 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, TENS (transcutaneous electrical neurostimulation).

Decision rationale: The request for the Orthostim 4 unit is not medically necessary. It is recommended that the injured worker is to have carpal tunnel release surgery. The California MTUS Guidelines do not address the issue as far as treatment after carpal tunnel syndrome release. The Official Disability Guidelines do not recommend any transcutaneous electrical neurostimulation. The guidelines suggest that electrostimulation has a limited scientifically proven efficacy in the treatment of carpal tunnel syndrome. Also, there is no prior documentation of any kind of physical therapy or medication efficacy. There is no suggested future physical therapy, so therefore, the request for the Orthostim 4 unit is not medically necessary.

THERMOPHORE UNIT FOR HOME USE: 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, heat therapy.

Decision rationale: The Thermophore unit for home use is not medically necessary. There was no documentation or recommendation regarding the use of this unit. The Official Disability Guidelines do suggest and recommend home local applications of cold packs for the first few days after carpal tunnel syndrome release and then thereafter applications of heat therapy but it is not specified as to a need for a Thermaphore unit for home use. There is no previous documentation regarding any kind of physical therapy or any kind of home exercise program or the efficacy of medications. Therefore, the request for the Thermaphore unit for home use is not medically necessary.