

Case Number:	CM14-0030627		
Date Assigned:	06/20/2014	Date of Injury:	08/03/2006
Decision Date:	08/13/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/10/2014

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 Orthopedic Surgeon, Hand Surgeon 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 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 injured worker is a 47-year-old female who reported an injury on 08/03/2006. The mechanism of injury was not specifically stated. The current diagnoses include post-traumatic cervical spine sprain/strain, status post right carpal tunnel release in 2011, mild tendinosis and tenosynovitis of the flexor pollicis longus tendon, and lumbar spine sprain/strain. The injured worker was evaluated on 03/18/2014 with complaints of low back pain radiating into the hip and thigh region. Previous conservative treatment includes chiropractic therapy. The injured worker also reported neck pain with radiation into the upper extremities, numbness and tingling in the fingers, and bilateral wrist pain. Physical examination revealed a guarded gait, limited cervical range of motion, positive axial compression testing bilaterally, significant pain and spasm in the cervical spine, crepitus at the A1 pulley with a palpable nodule, edema over the flexor pollicis longus tendon, pain with testing of the CMC joint, positive Durkan's testing bilaterally, an inability ambulate on heels and toes, limited lumbar range of motion, and positive straight leg raising. Treatment recommendations at that time included chiropractic therapy for the lumbar spine, a trigger finger release of the left thumb, and continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left thumb trigger finger release: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, Percutaneous release (of the trigger finger and/or trigger thumb).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 370-371.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state 1 or 2 injections of Lidocaine and corticosteroids into or near the thickened area of the flexor tendon sheath of the affected finger are almost always sufficient to cure symptoms and restore function. A procedure under local anesthesia may be necessary to permanently correct persistent triggering. As per the documentation submitted, the injured worker is status post left carpal tunnel release in 02/2013. While it is noted that the injured worker has been previously treated with bracing, injections, and anti-inflammatory medications, it is unclear whether the previous injections addressed the left carpal tunnel syndrome or the left thumb trigger finger. Without clear evidence of a trial with corticosteroid injections, the current request cannot be determined as medically appropriate. As such, the request for Left Thumb Trigger Finger Release is not medically necessary.

Tens unit.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): TENS (Transcutaneous Electrical Nerve Stimulation). Decision based on Non-MTUS Citation ODG Guidelines, TENS (Transcutaneous Electrical Nerve Stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: The California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. As per the documentation submitted, there is no evidence of a successful 1 month trial prior to the request for a TENS unit purchase. Therefore, the current request cannot be determined as medically appropriate. As such, the request for the TENS is not medically necessary.

Chiropractic sessions 2x6 for Cervical-Spine and Lumbar-Spine.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: The California MTUS Guidelines state manual therapy and manipulation is recommended if caused by a musculoskeletal condition. Treatment for the spine is recommended as a therapeutic trial of 6 visits over 2 weeks. With evidence of objective functional

improvement, a total of up to 18 visits over 6 to 8 weeks may be appropriate. As per the documentation, the injured worker has participated in chiropractic therapy. However, there was no documentation of objective functional improvement. Therefore, ongoing treatment cannot be determined as medically appropriate. As such, the request for Chiropractic sessions is not medically necessary.

Lumbar Support: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. There is no documentation of significant spinal instability. The medical necessity for the requested durable medical equipment has not been established. Therefore, the request for Lumbar Support is not medically necessary.