

Case Number:	CM14-0037344		
Date Assigned:	07/25/2014	Date of Injury:	01/10/2013
Decision Date:	11/14/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/27/2014

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 Emergency Medicine, and is licensed to practice in New York. 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 43-year-old female who was injured on January 10, 2013. The patient continued to experience pain in her right wrist and lower back. Physical examination was notable for decreased range of motion of the lumbar spine, positive Tinel's sign, positive Phalen's sign, and positive Durkan's test. Diagnoses included bilateral carpal tunnel syndrome and chronic lumbago. Treatment included physical therapy, surgery, and medications, Requests for authorization for TENS unit x 5 months, DVT compression pump with sleeves, and purchase of Smart Glove made by [REDACTED] were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit x5 months: 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 Pain Interventions and Guidelines Page(s): 114-115.

Decision rationale: TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in

medication use, for neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. A one-month trial period of the TENS unit should be documented with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Rental would be preferred over purchase during this trial. Functional restoration programs (FRPs) are designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. In this case there is no documentation that a trial period with a TENS unit had been successful. In addition there is no documentation that the patient was not participating in a functional restoration program. The TENS unit is therefore not medically necessary.

DVT compression pump with sleeves x2-4 weeks: 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) Shoulder, Compression garments

Decision rationale: Compression garments are not recommended for shoulder arthroplasty. Deep venous thrombosis and pulmonary embolism events are common complications following lower-extremity orthopedic surgery, but they are rare following upper-extremity surgery, especially shoulder arthroscopy. It is still recommended to perform a thorough preoperative workup to uncover possible risk factors for deep venous thrombosis/ pulmonary embolism despite the rare occurrence of developing a pulmonary embolism following shoulder surgery. Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors. In this case there is no documentation that the patient has coagulopathic risk factors. Medical necessity has not been established. The request is not medically necessary.

Purchase of a Smart Glove made by [REDACTED] 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

Decision rationale: Smart glove has flexible dorsal stay that helps keep the wrist in a neutral position. Splinting the wrist in neutral position at night & day as needed is an option in conservative treatment. Use of daytime wrist splints has positive, but limited evidence. Splinting

after surgery has negative evidence. Steroid injections and wrist splinting may be effective for relief of CTS symptoms but have a long-term effect in only 10 percent of patients. Symptom duration of less than 3 months and absence of sensory impairment at presentation are predictive of a lasting response to conservative treatment. In this case the patient has had the symptoms for greater than 3 months. In addition the patient underwent carpal tunnel release of the right wrist. Splints/wrist braces have negative evidence postoperatively. There is no indication for the smart glove. The request is not medically necessary.