

Case Number:	CM14-0053371		
Date Assigned:	07/07/2014	Date of Injury:	09/19/2013
Decision Date:	09/05/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/22/2014

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, or provider of 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:

The applicant has filed a claim for wrist pain reportedly associated with an industrial injury of September 19, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and carpal tunnel release surgery on December 27, 2013. On March 18, 2014, the applicant reported persistent complaints of wrist pain. The applicant was reportedly tearful. The applicant was having some paresthesias about the digits. The applicant was not working, it was noted, and also developed some psychological stressors. A positive Tinel sign was noted about the wrist with some weakness noted about the thumb abductor secondary to pain. A rigid brace/carpal tunnel brace, in-home Transcutaneous Electrical Nerve Stimulation (TENS) unit, electrodiagnostic testing, and carpal tunnel corticosteroid injections were endorsed. The applicant was given Terocin patches, tramadol, LidoPro, Protonix, Naprosyn, and Neurontin, it was further noted. A rather proscriptive 5-pound lifting limitation was endorsed, which the applicant's employer was apparently unable to accommodate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rigid Brace, Right Wrist: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-7, page 272.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines, splinting and bracing is recommended as a first line conservative treatment for carpal tunnel syndrome, the operating diagnosis here. In this case, the applicant has residual signs and symptoms of carpal tunnel syndrome following earlier failed carpal tunnel release surgery. Provision of a splint or brace to ameliorate the same is therefore indicated. Accordingly, the rigid brace, right wrist is medically necessary.

TENS unit: 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 Criteria for the Use of TENS topic Page(s): 116.

Decision rationale: The request in question represents a request to purchase the TENS unit at issue. However, as noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, a TENS unit should only be purchased if there is evidence of successful one month trial of the same, with favorable outcome in terms of both pain relief and function. In this case, however, the attending provider sought authorization to purchase the device without an earlier successful one-month trial of the same. The request did not, thus, conform to MTUS parameters. Therefore, the TENS unit is not medically necessary.