

Case Number:	CM14-0076991		
Date Assigned:	08/08/2014	Date of Injury:	10/05/2012
Decision Date:	10/02/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/27/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 48 year old female who reported an injury to her cervical spine and findings consistent with bilateral cubital tunnel and radial tunnel syndrome. Clinical note dated 04/29/14 indicated the injured worker previously undergoing carpal tunnel release on the right. The injured worker showed inflammation at the carpometacarpal joint bilaterally. The injured worker stated the initial injury occurred as a result of cumulative trauma. The injured worker reported burning and swelling sensation at the right hand and wrist after utilizing a mouse computer with a mouse. The injured worker rated left wrist pain 6/10 and right hand pain 7/10. Pain radiated from the right hand to the palm and base of the thumb and fingers. The utilization review dated 05/08/14 resulted in denials for magnetic resonance image (MRI), carpal tunnel brace, thumb splint, lab studies and transcutaneous electrical nerve stimulation (TENS) unit. No significant information was submitted confirming the need for MRI of the wrist. Insufficient information was submitted supporting carpal tunnel brace and spica splint. No information was submitted regarding previous trial of TENS unit. A clinical note dated 05/19/14 indicated the injured worker continuing with bilateral hand and wrist complaints. The injured worker utilized Flexeril and Norco for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Page 51.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: The request for magnetic resonance image (MRI) is non-certified. The injured worker complained of bilateral hand and wrist pain. An MRI is indicated for acute trauma, infection, or for complaints consistent with red flags. No information was submitted regarding significant clinical findings indicating infection or any acute trauma. No red flags were identified in the clinical notes. Given this, the request is not indicated as medically necessary.

Carpal Tunnel braces: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Page 264. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome (Acute and Chronic)

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 Chapter, Splinting

Decision rationale: The injured worker had positive findings consistent with carpal tunnel syndrome. However, no provocative testing was submitted confirming carpal tunnel findings. The initial injury date was listed in 2012. It is unclear if the injured worker has previously undergone use of carpal tunnel braces. Given this, the request is not indicated as medically necessary.

Bilateral thumb spica splints: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Page 265. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, and Hand (Acute and Chronic), (Not including "Carpal Tunnel Syndrome."

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand Chapter, Splints

Decision rationale: The request for bilateral thumb spica splint is non-certified. No information was submitted regarding functional deficits associated with thumbs likely benefit from splinting. Given this, the request is not indicated as medically necessary.

CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Woolley T, Burke R, Dohmen F, Hayes R, Johnson M, Kerandi H, Margolis K, Marshall M, O'Connor P, Pereira C, Reddy G, Schlichte A, Schoenleber M. Hypertension diagnosis and treatment. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2012 Nov. 67 p.[127 references]

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 1.) Fischbach FT, Dunning MB III, eds. (2009). Manual of Laboratory and Diagnostic Tests, 8th ed. Philadelphia: Lippincott Williams and Wilkins. 2.) Pagana KD, Pagana TJ (2010). Mosby's Manual of Diagnostic and Laboratory Tests, 4th ed. St. Louis: Mosby Elsevier.

Decision rationale: The injured worker complained of bilateral upper extremities pain. Lab studies are indicated as part of pre-operative work up for significant findings indicating the likely benefit of the requested lab studies. No information was submitted regarding significant clinical findings indicating the need for lab studies or the need for surgical intervention at this time. Given this, the request is not indicated as medically necessary.

BMP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Texas at Austin, School of Nursing, Family Nurse Practitioner Program. Evaluation of hair loss in adult women. Austin (TX); University of Texas at Austin, School of Nursing; 2010 May 21.18 p [36 references]

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 1.) Fischbach FT, Dunning MB III, eds. (2009). Manual of Laboratory and Diagnostic Tests, 8th ed. Philadelphia: Lippincott Williams and Wilkins. 2.) Pagana KD, Pagana TJ (2010). Mosby's Manual of Diagnostic and Laboratory Tests, 4th ed. St. Louis: Mosby Elsevier.

Decision rationale: The injured worker complained of bilateral upper extremities pain. Lab studies are indicated as part of pre-operative work up for significant findings indicating the likely benefit of the requested lab studies. No information was submitted regarding significant clinical findings indicating the need for lab studies or the need for surgical intervention at this time. Given this, the request is not indicated as medically necessary.

10-panel urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, including Prescribing Controlled Substances (May 2009), pg 33

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG SCREEN Page(s): 51.

Decision rationale: The injured worker complained of bilateral upper extremities pain. The injured worker was currently utilizing opioid therapy to address low back pain. Given the ongoing use of opioids therapy and the need to continue with monitoring the injured worker of compliance and effectiveness, this request is reasonable.

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY Page(s): 114-121.

Decision rationale: Transcutaneous electrical nerve stimulation (TENS) unit is indicated for injured workers who have a positive response to one month trial of TENS unit. No information was submitted regarding previous trial of TENS unit. Given this, the request is not indicated as medically necessary.