

Case Number:	CM14-0090615		
Date Assigned:	07/25/2014	Date of Injury:	10/25/2010
Decision Date:	09/23/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/16/2014

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 Management and is licensed to practice in Tennessee. 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 41-year-old female who has submitted a claim for bilateral carpal tunnel syndrome, status post right carpal tunnel release (12/2012), status post left carpal tunnel release (04/10/2104) and bilateral overuse syndrome associated with an industrial injury date of 10/25/2010. Medical records from 01/07/2014 to 07/25/2014 were reviewed and showed that patient complained of bilateral wrist pain graded 4/10 with burning sensation. Physical examination revealed tenderness over bilateral wrists, normal ROM with pain bilaterally, and positive Tinel's sign over the right wrist. Treatment to date has included right carpal tunnel release (12/2012), left carpal tunnel release (04/10/2104), wrist splints, cortisone injection, physical therapy, and pain medications. Utilization review dated 05/14/2014 partially certified the request of cold therapy unit for 7 days as the patient would undergo left carpal tunnel release. Utilization review dated 05/14/2014 denied the request for pro-sling because the guidelines do not support the use of pro-sling status post carpal tunnel release. Utilization review dated 05/14/2014 denied the request for TENS and Pro tech stimulator because there was no clear documentation of measurable objective and functional improvements attributed to prior use of Pro tech stim unit and TENS unit. Utilization review dated 05/14/2014 denied the request for half arm wrap because the request for Pro tech stim and TENS unit was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-Tech Cold Therapy Recovery System with Wrap Rental X 35 days for 6-8 hrs or as needed.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC) Carpal Tunnel Syndrome Procedure Summary last updated 02/20/14.

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: Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold.

Decision rationale: The Aetna Clinical Policy Bulletin considers passive cold compression therapy units experimental and investigational for all other indications because their effectiveness for indications has not been established. The use of hot/ice machines and similar devices are experimental and investigational for reducing pain and swelling after surgery or injury. Studies failed to show that these devices offer any benefit over standard cryotherapy with ice bags/packs. In this case, the patient underwent left carpal tunnel release (04/10/2014) which prompted the request for cold therapy unit. However, the guidelines do not recommend ice machines and similar devices, as they are not proven superior over standard cryotherapy. There was no discussion as to why conventional cold pack application would not suffice. Therefore, the request for Q-Tech Cold Therapy Recovery System with Wrap Rental X 35 days for 6-8 hrs or as needed is not medically necessary.

Pro-Sling: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC) Shoulder Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Postoperative Abduction Pillow Sling.

Decision rationale: CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG recommends postoperative abduction pillow sling as an option following open repair of large and massive rotator cuff tears. The sling/abduction pillow keeps the arm in a position that takes tension off the repaired tendon. Abduction pillows for large and massive tears may decrease tendon contact to the prepared sulcus but are not used for arthroscopic repairs. In this case, the patient underwent left carpal tunnel release on 04/10/2014. The guidelines only recommend pro-sling for patients who underwent open rotator cuff repair. There is no discussion as to why variance from the guidelines is needed. Therefore, the request for Pro-Sling is not medically necessary.

Pro-Tech Multi Stim Unit X 30 days, Plus 3 months supplies (Electrodes & Batteries):
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 TENS unit ; Interferential Current Stimulation ; Neuromuscular Electrical Stimulation Page(s): 114-116; 118-120 ;121.

Decision rationale: A search of online resources showed that Multi-Stim unit is a combination of TENS, interferential unit, and neuromuscular stimulator. As stated on pages 118-120 in the California MTUS Chronic Pain Medical Treatment guidelines, interferential current stimulation is not recommended as an isolated intervention but is an adjunct for recommended treatments including return to work, exercise, and medications. A one-month trial should be done given that the patient's pain is ineffectively controlled by medications, a history of substance abuse, significant pain from post-operative conditions limiting treatment, or unresponsive to conservative measures. Page 114 discusses TENS as opposed to multiple other devices. It is not recommended as a primary treatment modality, but a trial may be considered if used with functional restoration program. Page 121 states that there are no intervention trials suggesting benefit from NMES for chronic pain; hence, it is not recommended unless following stroke. In this case, the patient complained of bilateral wrist pain with history of bilateral carpal tunnel release. There was no documentation that the patient is actively participating in a functional restoration program. The guidelines state that TENS, interferential unit, and NMES should be used as an adjunct to functional restoration and not as sole form of treatment. Moreover, the request likewise failed to specify the body part to be treated. Furthermore, the request for supply of electrodes and batteries for 3 months is not in conjunction with guidelines recommendation as documentation of functional improvement with a 30-day trial is prerequisite to continuation of TENS, interferential unit, or NMES. Therefore, the request for Pro-Tech Multi Stim Unit X 30 days, Plus 3 months supplies (Electrodes & Batteries) is not medically necessary.

Half Arm Wrap purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC) Carpal Tunnel Syndrome Procedure Summary last updated 2/20/14.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The dependent requests, Pro-Tech Multi Stim Unit X 30 days, Plus 3 months supplies (Electrodes & Batteries) and TENS (transcutaneous electrical nerve stimulation) Unit X 30 day trial, were deemed not medically necessary. Therefore, the request for Half Arm Wrap purchase is also not medically necessary.

TENS (transcutaneous electrical nerve stimulation) Unit X 30 day trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

Decision rationale: According to CA MTUS Chronic Pain Treatment Guidelines, TENS is not recommended as a primary treatment modality. A trial of one-month home-based TENS may be considered as a noninvasive conservative option. It should be used as an adjunct to a program of evidence-based functional restoration. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. In this case, the patient complained of bilateral wrist pain with history of bilateral carpal tunnel release. There was no documentation that the patient is actively participating in a functional restoration program. The guidelines state that TENS should be used as an adjunct to functional restoration and not as sole form of treatment. Moreover, the request likewise failed to specify the body part to be treated. Therefore, the request for TENS (transcutaneous electrical nerve stimulation) Unit X 30 day trial is not medically necessary.