

Case Number:	CM14-0098023		
Date Assigned:	07/28/2014	Date of Injury:	11/23/2010
Decision Date:	09/24/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/26/2014

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 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:

Diagnostic studies reviewed include Electromyography/ Nerve Conduction Study (EMG/NCS) revealed severe cubital tunnel syndrome bilaterally as well as severe carpal tunnel syndrome bilaterally. Progress report dated 05/07/2014 indicates the patient presented with complaints of pain at the left olecranon at the elbow which he describes as aching and stabbing that radiates to the bilateral wrist. He also complained of associated weakness and coldness of the left hand and wrist. The left elbow pain is worse with pushing, pulling, vacuuming, and lifting. He has intermittent pain in his right wrist rated as a 6/10. On exam, bilateral wrist revealed range of motion within normal limits bilaterally. Dorsiflexion is 60 bilaterally; palmar flexion to 60 bilaterally; radial deviation to 20 bilaterally; and ulnar deviation to 30 bilaterally. He had positive carpal canal compression bilaterally. Neuro exam of bilateral upper extremities revealed 2+ biceps and triceps. Grip strength is 50, 60, 58 on the right and 58, 58, 42 on the left. The patient is diagnosed with repetitive stress injury, left greater than right carpal tunnel syndrome; left greater than right cubital tunnel syndrome; status post right cubital tunnel decompression and a right carpal tunnel release on 03/25/2013. Prior utilization review dated 06/18/2014 states the request for CMC, Chem 20 is certified as medical necessity has been established. However, RF, CRP, ANA, TSH, and urine screen is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMC, Chem 20, RF, CRP, ANA, TSH, Urine Screening:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine drug testing Other Medical Treatment Guideline or Medical Evidence: www.medscape.com.

Decision rationale: According to MTUS and ODG guidelines, "urine drug testing is recommended at the beginning of treatment when opioids are being considered." In this case, care is being initiated after several years without medical treatment. Opioids are being considered. Medical necessity is established. According to an online search on www.medscape.com, Complete Blood Count (CBC), Chem 20, Rheumatoid Factor (RF), C - reactive protein (CRP), Antinuclear Antibodies (ANA), and Thyroid-stimulating Hormone (TSH) are standard labs for the work-up of autoimmune disorders. In this case, the patient has Raynaud's phenomenon and systemic lupus erythematosus is considered a possible etiology. Medical necessity is established.

TENS Unit rental (x month), quantity 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, (transcutaneous electrical nerve stimulation) Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome.

Decision rationale: This is a request for a TENS unit trial for a 40-year-old male injured on 11/23/10 with bilateral carpal tunnel syndrome and bilateral cubital tunnel syndrome status post right carpal tunnel release, right cubital tunnel release, and several synovectomies for bilateral trigger fingers. However, according to MTUS guidelines, "TENS may be recommended for diabetic neuropathy, post-herpetic neuralgia, CRPS, spasticity, multiple sclerosis, and phantom limb." However, the patient does not have documentation of any of these conditions. Further, other appropriate modalities have not been tried and failed as surgery is being requested for the left cubital and carpal tunnels. Finally, ODG guidelines do not recommend TENS for carpal tunnel syndrome. Medical necessity is not established.