

Case Number:	CM14-0185869		
Date Assigned:	11/14/2014	Date of Injury:	05/09/2001
Decision Date:	01/05/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/06/2014

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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 59 year old female who was assaulted on 5/09/2001, kicked and dragged by her neck by the assailant to his car and dragged another 75 to 90 feet when he drove off holding onto her. She sustained multiple injuries including a closed head injury, neck injury and lower extremity injuries. The diagnoses at this time include fibromyalgia, bilateral carpal tunnel syndrome, status post closed head injury with residual cervical pain, bilateral shoulder sprain/strain, right rotator cuff tear with impingement and adhesive capsulitis, status post arthroscopy right knee (2004), multi-level bulging discs at L3-4, L4-5, and L5-S1, and a medical history of diabetes, hypertension, anxiety/depression, hypercholesterolemia, chronic obstructive lung disease, asthma, migraines, reflux disease, osteoporosis, diabetic nephropathy, and diabetic retinopathy. She walks with an antalgic gait, and uses a cane. She has a positive McMurray in both knees, low back pain with left greater than right positive straight leg raising and MRI evidence of three level bulging discs in the lumbosacral area, worse at L4-5. The disputed issues include requests for bilateral carpal tunnel releases, pool therapy for low back pain 2 x 4, Neurological consultation and follow-up, TENS unit, shower hose, wedge pillow, EMG and Nerve Conduction studies. UR denied the requests citing MTUS and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient bilateral carpal tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270,273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Carpal Tunnel Syndrome.

Decision rationale: California MTUS and ODG guidelines recommend surgical considerations for severe carpal tunnel syndrome with evidence of thenar atrophy and evidence of severe carpal tunnel syndrome on nerve conduction studies. For mild carpal tunnel syndrome the guidelines require documented nocturnal paresthesias, and 2 of the following: Phalens, Tinels, median nerve compression test, decreased 2 point discrimination, or mild thenar weakness. Diagnostic carpal tunnel corticosteroid injections with documented relief of symptoms are required. Documented conservative treatment using night splints, activity modification, medications and a home exercise program are also necessary. The available documentation does not meet the above criteria. The actual electrodiagnostic studies are also not submitted. Based upon the above, the request for outpatient bilateral carpal tunnel release is not medically necessary.

Outpatient pool therapy for lumbar spine two (2) times a week for four (4) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: California MTUS chronic pain guidelines recommend pool therapy as an option where reduced weight bearing is desirable, for example in extreme obesity. The documentation does not include the indication for reduced weight bearing. Therefore the request is not medically necessary.

Neurologic consultation follow-up: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medical Practice Guidelines, Second Edition (Update 2004), Chapter 7, pg. 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296.

Decision rationale: The California MTUS guidelines encourage immediate referral for severe neurologic compromise that correlates with medical history and test results. The documentation provided does not include objective evidence of neurologic findings. As such, the request for a Neurological consultation and follow-up is not medically necessary.

DME: TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

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

Decision rationale: Per MTUS, transcutaneous electrical nerve stimulation is not recommended as a primary treatment modality; however, a 1 month home based trial may be considered as a noninvasive conservative option. Several published studies have found that evidence of effectiveness is lacking. Therefore, the request for DME: TENS unit is not medically necessary.

DME: Shower hose: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Knee, Topic: Durable Medical Equipment

Decision rationale: California MTUS does not address this issue. ODG guidelines indicate that durable medical equipment is recommended if there is a medical need. The documentation submitted does not indicate a medical need for the shower hose. Therefore, the request is not medically necessary.

DME: Wedge Pillow: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Knee, Topic: Durable Medical Equipment.

Decision rationale: Per ODG, durable medical equipment is recommended if there is a medical need. The documentation submitted does not include the reason for the wedge pillow demonstrating a medical need. The request for the wedge pillow is therefore not medically necessary.

EMG and Nerve conduction studies: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The California MTUS guidelines recommend EMG and Nerve conduction studies to help identify subtle neurologic dysfunction. The documentation indicates that EMG and Nerve conduction studies were performed although the actual latencies and electromyography results are not submitted. A repeat study is indicated if there is a significant change in neurologic findings. No such progression of neurologic dysfunction is documented. Therefore, the request for EMG and Nerve conduction studies is not medically necessary.