

Case Number:	CM15-0006079		
Date Assigned:	01/20/2015	Date of Injury:	12/08/2004
Decision Date:	03/19/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old male who sustained a work related injury December 8, 2004. Past history included right wrist carpal tunnel release September 2012 and right elbow cubital tunnel release September 2012. According to an orthopedic surgeon's office visit, dated December 18, 2014, the injured worker presented with complaints of continued numbness/tingling of the left hand which feels like he has on a tight glove, using H-wave as needed. Physical examination reveals bilateral wrist; flexion 50 degrees, extension 50 degrees, radial deviation 20 degrees, ulnar deviation 30 degrees, and positive Tinel's and Phalen's left wrist. Bilateral elbow examination reveals flexion 140 degrees, extension 0, pronation 80 degrees and supination 70 degrees. The elbow flex test is negative and Tinel's is positive on the left elbow. Diagnoses are documented as left wrist pain/numbness; severe carpal tunnel syndrome, left wrist, moderate cubital tunnel syndrome, left elbow. Treatment plan included evaluation and management, request an extension for the previously authorized surgery for the left carpal tunnel decompression and left cubital decompression, pre-op clearance, post-op physical therapy and request for durable medical equipment; contrast aqua therapy unit, multi stim unit and medications. According to utilization review dated December 30, 2014, the request for Multi Stim Unit plus Supplies x 3 Months is non-certified. The request for Contrast Aqua Therapy Unit x 6 weeks is non-certified. The request for post-operative Zofran ODT 8mg #20 has been modified to post-operative Zofran ODT 8mg #6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment: Multi Stim Unit Plus Supplies times 3 Months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117. Decision based on Non-MTUS Citation Official Disability Guidelines Carpal Tunnel Syndrome Chapter, Electrical Stimulation, TENS Unit

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

Decision rationale: According to the 12/08/2014 report, this patient presents with "continued numbness/tingling of left hand that is consistent. Feels like he has a tight glove on." The current request is for DME: Multi Stim Unit plus supplies times 3 Months. Regarding TENS units, the MTUS guidelines state "not recommended as a primary treatment modality, but a one-month home-based unit trial may be considered as a noninvasive conservative option" and may be appropriate for neuropathic pain. The guidelines further state a "rental would be preferred over purchase during this trial." Review of the provided medical records shows that the patient has neuropathic pain and there is no indication that the patient has trialed a one-month rental. The requested Multi Stim Unit is supported; however, the request is for three months and is not supported by the MTUS. MTUS supports a "one-month" home-based unit trial. The request exceeds what MTUS is allowed; therefore, the request IS NOT medically necessary.

Durable medical equipment: Contrast Aqua Therapy Unit times 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome Chapter, Continuous cold therapy (CCT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy; Physical Medicine Page(s): 22, 98-99.

Decision rationale: According to the 12/08/2014 report, this patient presents with "continued numbness/tingling of left hand that is consistent." The current request is for DME: Contrast Aqua Therapy Unit times 6 weeks. The request for authorization is on 12/30/2014. Regarding aquatic therapy, MTUS guidelines recommend it where reduced weight bearing is desirable, for example extreme obesity. MTUS refers readers to the Physical Medicine section for the recommendations on the number of sessions. The MTUS physical medicine section states that 8-10 sessions of physical therapy are indicated for various myalgias and neuralgias. In reviewing of the provided reports shows no therapy reports. The treating physician did not discuss why weight reduced exercise is desired, and there is no documentation of extreme obesity. There is no discussion as to why the patient cannot tolerate land-based therapy. Therefore, the current request IS NOT medically necessary.

Post Op Zofran ODT 8mg #6: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ondansetron (Zofran), Antiemetics (for opioid nausea)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation pain chapter: antiemetics

Decision rationale: According to the 12/08/2014 report, this patient presents with "continued numbness/tingling of left hand that is consistent. Feels like he has a tight glove on." The current request is for Post-op Zofran ODT 8mg #6. The request for authorization is on 12/30/2014. The MTUS and ACOEM Guidelines do not discuss ondansetron. However, ODG Guidelines has the following regarding antiemetics, "Not recommended for nausea and vomiting secondary to chronic opioid use. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks)." Review of the provided reports, the treating physician indicates that the patient has a "previously authorized surgery for left carpal tunnel" and now is "requesting extension for previously authorized surgery." In this case, given that patient's pending surgery, the request post-operative Zofran for nausea appears reasonable and consistent with guidelines. The request IS medically necessary.