

Case Number:	CM15-0109269		
Date Assigned:	06/15/2015	Date of Injury:	02/26/2013
Decision Date:	07/17/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/05/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 52 year old woman sustained an industrial injury on 2/26/2013, due to an assault that resulted in a fall. Diagnoses include left shoulder impingement, ulnar nerve compression at the elbow, cubital tunnel syndrome, carpal tunnel syndrome, and left carpal tunnel and ulnar nerve release. Treatment has included oral medications and surgical intervention. Release of the left carpal tunnel and ulnar nerve were performed in 5/8/15. Physician notes dated 5/12/2015 show the worker's first post-operative office visit. The worker complains of mild to moderate pain and improving numbness. Examination showed wounds were healing, with motor power well preserved. Dressing change was performed and the physician noted plan for follow up in two weeks for suture removal. On 5/12/15, Utilization Review non-certified requests for the items currently under Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Sling for the left arm, QTY: 1: 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), Shoulder, Postoperative abduction pillow sling.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): ch 10 p. 16-18, ch 11 p. 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) elbow chapter: surgery for cubital tunnel syndrome (ulnar nerve entrapment).

Decision rationale: This injured worker is status post recent carpal tunnel release and release of ulnar nerve. The treating physician has not provided the indication for a sling or instructions or end point for use. The ACOEM recommends use of a sling for nondisplaced radial head fracture, sprain of elbow, and biceps tendinitis. None of these conditions were present for this injured worker. The ACOEM and ODG do not address use of a sling for carpal tunnel syndrome or postoperative state for carpal tunnel or ulnar nerve release. The ACOEM states that instruction in home exercise is recommended. Patients should be advised to do early range-of-motion exercises at home. Immobilization with a sling would limit range of motion and ability to perform such exercises. As such, the request for Purchase of Sling for the left arm, QTY: 1 is not medically necessary.

Purchase of Cold therapy for the left wrist/arm: 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), Carpal Tunnel Syndrome, Continuous cold therapy (CCT); Shoulder, Continuous-flow cryotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): ch 3 p.44, 48-49, ch 11 p. 264-265, 271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) carpal tunnel syndrome chapter: continuous cold therapy.

Decision rationale: The ACOEM and ODG recommend at-home applications of cold packs for the first few days of acute complaints and thereafter applications of heat therapy. There is no recommendation for any specific device in order to accomplish this. There was lack of documentation to indicate the frequency of use of the device, and no end point to use was specified. In addition, there was no documentation as to why at-home application of cold packs would be insufficient. The ODG states that continuous cold therapy is recommended as an option only in the postoperative setting, with regular assessment to avoid frostbite. Postoperative use generally should be no more than 7 days, including home use. There was no documentation of why purchase of a cold therapy unit is necessary versus rental, as the guidelines recommend use for no more than 7 days. For these reasons, the request for purchase of Cold therapy for the left wrist/arm is not medically necessary.

Purchase of TENS unit for the left wrist/arm, QTY: 1: 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), Carpal Tunnel Syndrome, TENS (transcutaneous electrical neurostimulation); Shoulder, TENS (transcutaneous electrical nerve stimulation).

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

Decision rationale: Electrotherapy represents the therapeutic use of electricity and is a modality that can be used in the treatment of chronic pain. Transcutaneous electrical nerve stimulation (TENS) devices are the most commonly used; other devices are distinguished from TENS based on their electrical specifications. The MTUS specifies that TENS is not recommended as a primary modality but a one-month home based TENS trial may be considered if used as an adjunct to a program of evidence “based functional restoration for certain conditions, including neuropathic pain, complex regional pain syndrome, phantom limb pain, spasticity in spinal cord injury, multiple sclerosis, and acute post-operative pain.” A treatment plan with the specific short and long term goals of treatment with the TENS unit should be submitted. 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. The physician reports do not address the specific medical necessity for a TENS unit, although this injured worker was noted to have postoperative pain. Other recommendations, including specific components of the treatment plan, are listed in the MTUS. The necessary kind of treatment plan is not present, including a focus on functional restoration with a specific trial of TENS. Given the lack of clear indications in this injured worker, and the lack of any clinical trial or treatment plan per the MTUS, a TENS unit purchase is not medically necessary.

Purchase of Brace for the left wrist/arm, QTY: 1: 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), Carpal Tunnel Syndrome, Splinting.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) carpal tunnel chapter: brace, splinting.

Decision rationale: The ACOEM states that when treating with a splint in carpal tunnel syndrome (CTS), evidence supports the efficacy of neutral wrist splints. CTS may be treated for a period of time (four weeks) with a splint and medications before injection is considered, except in the case of severe carpal tunnel syndrome (thenar muscle atrophy and constant paresthesias in the median innervated digits). The ODG notes that splinting of the wrist is recommended in neutral position at night and as needed in daytime as an option for conservative treatment for carpal tunnel syndrome. The ODG states that two prospective randomized studies show that there is no beneficial effect from postoperative splinting after carpal tunnel release when compared to a bulky dressing alone. In fact, splinting the wrist beyond 48 hours following carpal tunnel release may be largely detrimental, especially when compared to a home physical therapy program. In this case, the injured worker has undergone carpal tunnel surgery. At the time of evaluation on 5/12/15, the injured worker was already four days post carpal tunnel release, and is beyond the 48 hour time frame for use of a postoperative splint. As such, the request

for Purchase of Brace for the left wrist/arm, QTY: 1 is not medically necessary.

Purchase of Exercise kit for the left wrist, QTY: 1: 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), Carpal Tunnel Syndrome, Exercises.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: The ACOEM states that instruction in home exercise is recommended. Patients should be advised to do early range-of-motion exercises at home. Instruction in proper exercise technique is important, and a physical therapist can serve to educate the patient about an effective exercise program. There is no recommendation in the guidelines for use of specific equipment for accomplishment of exercise. At the time of the request, there was no documentation that the injured worker had yet started postoperative physical therapy for instruction in an exercise program. As such, the request for Purchase of Exercise kit for the left wrist, QTY: 1 is not medically necessary.