MAXIMUS Federal Services

Case Number:	CM15-0133594		
Date Assigned:	07/21/2015	Date of Injury:	05/07/2014
Decision Date:	08/25/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/10/2015

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, Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

The injured worker is a 58-year-old female patient who sustained an industrial injury on 05/07/2014. A primary treating office visit dated 11/11/2014 reported the patient with subjective complaint of having sharp pain to bilateral wrist and hands accompanied with numbness and a burning sensation that radiates to the upper left shoulder. The following diagnoses were applied: status post carpal tunnel release surgery with residual symptoms; status post trigger finger release, right, and carpal tunnel syndrome, left. The plan of care noted pending authorization to undergo electrodiagnsotic nerve conduction study of bilateral upper extremities. The medication was renewed Anaprox, Prilosec. She is to return to a modified work duty on 11/11/2014. A more recent primary treating office visit dated 04/07/2015 reported pain with burning, stabbing and throbbing with numbness to bilateral hands and wrists. The plan of care indicated surgery, CTR on left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy; 24 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15.

Decision rationale: Regarding the request for Post-operative physical therapy; 24 sessions, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends 1-3 visits for medical treatment of CTS and 3-8 visits following surgical treatment of CTS. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested Post-operative physical therapy; 24 sessions is not medically necessary.

Post-operative A-Stim: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116-117. Decision based on Non-MTUS Citation http://aspenmedicalresources.com/amr/default.aspx?itemid=101&catc=ETS&subcatc-ASTI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121 of 127. Decision based on Non-MTUS Citation www.abrexis.com/electrotherapy.

Decision rationale: Regarding the request for Post-operative A-Stim, Chronic Pain Medical Treatment Guidelines and ODG do not address A-Stim. California MTUS guidelines do support the use of some types of electrical stimulation therapy for the treatment of certain medical disorders. However, regarding A-Stim specifically, a search of the CA MTUS, ACOEM, ODG, National Library of Medicine, National Guideline Clearinghouse, and other online resources failed to reveal support for its use in the management of the cited injuries. Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence- based functional restoration. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial 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. Also, guidelines recommendations by types of pain: neuropathic, phantom limb, chronic regional pain syndrome, multiple sclerosis, and spinal cord injury. The web site for A-Stim units states they are not the same as other electrical devices such as TENS units or muscle stimulators. With A-Stim therapy, two medium frequencies of different cycles are used in such a way that they crisscross, delivering a low frequency at a specific point providing pain relief that is of greater magnitude and duration than the TENS / NMS systems. Within the documentation available for review, no documentation was provided identifying that this treatment provides improved

outcomes as compared to other evaluation/treatment options that are evidence-based and supported. In the absence of such documentation, the currently requested Post-operative A-Stim is not medically necessary.

Associated surgical service: Arm sling: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Carpal Tunnel Syndrome Procedure Summary Online Version last updated 04/02/2015.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Splinting.

Decision rationale: Regarding the request for Arm sling, Occupational Medicine Practice Guidelines state that the initial treatment for CTS should include night splints. ODG recommends splinting of the wrist in the neutral position at night as an option in conservative treatment. Furthermore, 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 CTS release may be largely detrimental, especially compared to a home physical therapy program. As such, the currently requested Arm sling is not medically necessary.

Associated surgical service: Motorized cold unit: 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 - Treatment for Workers' Compensation (ODG-TWC) Carpal Tunnel Syndrome Procedure Summary Online Version last updated 04/02/2015.

MAXIMUS 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) Carpal Tunnel Syndrome Chapter, Cold packs and Heat therapy.

Decision rationale: Regarding the request for a Motorized cold unit, Occupational Medicine Practice Guidelines state physical modalities, such as massage, diathermy, cutaneous laser treatment, cold laser treatment, transcutaneous electrical neurostimulation (TENS) units, and biofeedback have no scientifically proven efficacy in treating acute hand, wrist, or forearm symptoms. Limited studies suggest there are satisfying short- to medium-term effects due to ultrasound treatment in patients with mild to moderate idiopathic CTS, but the effect is not curative. Patients' at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. ODG recommends at-home local applications of cold packs first few days of acute complaints; thereafter, applications of heat therapy. Therefore, the need for a motorized cold unit over use of simple cold packs has not been established. As such, the currently requested Motorized cold unit is not recommended.