

Case Number:	CM15-0147757		
Date Assigned:	08/10/2015	Date of Injury:	09/02/2014
Decision Date:	09/11/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/29/2015

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, Indiana, New
 York 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:

The Injured worker is a 34-year-old female with an industrial injury dated 09-02-2014. She developed pain and numbness to the right hand while typing. Her diagnoses included carpal tunnel syndrome right wrist, status post carpal tunnel release with tenosynovectomy with chronic right wrist pain, dorsal wrist tendinitis right wrist and flexor tendinitis little finger right hand. Prior treatment included diagnostics, home exercise program, physical therapy, and cortisone injection in right carpal tunnel, carpal tunnel release and medications. She presented on 06-23-2015 with pain in the right wrist and hand rated as 5 out of 10. She had been working modified duty. She noted after about 30 minutes of typing she gets numbness and tingling in the whole hand. Physical exam noted full range of motion of the right elbow, right wrist and hand. Tenderness was noted dorsally over the extensor tendons. The treatment plan included EMG-NCV, trial of a TENS unit, modified duty and pain management evaluation. The treatment request for EMG-NCV right upper extremity was authorized. The treatment requests for review are Pain management referral to evaluate and treat TENS unit trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit trial is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. TENS to the forearm, wrist and hand is not recommended. See the guidelines for additional details. In this case, the injured worker's working diagnoses are carpal tunnel syndrome right wrist status post carpal tunnel release with tenosynovectomy with chronic wrist pain; dorsal wrist tendinitis right wrist; and flexor tendinitis little finger right-hand. Date of injury is September 2, 2014. The request for authorization is June 23, 2015. According to a June 23, 2015 progress note, the injured worker is status post carpal tunnel release surgery and is having ongoing pain, numbness and tingling. The treating provider is requesting TENS to the wrist. TENS is not recommended for treatment of forearm, wrist and hand maladies. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and guideline non-recommendations for TENS treatment to the wrist, TENS unit trial is not medically necessary.

Pain management referral to evaluate and treat: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 2004 Independent Medical Examination and Consultations Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Page 127.

Decision rationale: Pursuant to the ACOEM, pain management referral for evaluation and treatment is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this

case, the injured worker's working diagnoses are carpal tunnel syndrome right wrist status post carpal tunnel release with tenosynovectomy with chronic wrist pain; dorsal wrist tendinitis right wrist; and flexor tendinitis little finger right-hand. Date of injury is September 2, 2014. The request for authorization is June 23, 2015. According to a June 23, 2015 progress note, the injured worker is status post carpal tunnel release surgery and is having ongoing pain, numbness and tingling. The provider is requesting a pain management evaluation to assess the ongoing pain in the right wrist. Although the pain management evaluation is appropriate, the treatment part of the request is not clinically indicated. The injured worker should be seen and evaluated by the pain management provider with a thorough history, physical examination, assessment and plan prior to treatment. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and a thorough history and physical examination with treatment plan, pain management referral for evaluation and treatment is not medically necessary.