

Case Number:	CM15-0187514		
Date Assigned:	09/29/2015	Date of Injury:	09/24/2014
Decision Date:	11/18/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/23/2015

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: Oregon
 Certification(s)/Specialty: Plastic Surgery, Hand Surgery

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 50-year-old female who sustained industrial injuries 9-24-2014. Diagnosis is bilateral carpal tunnel syndrome with right worse than left. Diagnostic EMG was conducted 12-2014 noting mild carpal tunnel syndrome, worse on the right. Documented treatment includes modified duty, wrist injections, wrist brace on both upper extremities while working and during sleep, and NSAID medications. The injured worker has reported aching, pain, and numbness in the right hand rated as 5 out of 10. At the 8-18-2015 visit, the physician's objective assessment revealed both wrists to have "painful range of motion" and restricted motion with extension on the right. No pain was noted with flexion on either wrist and no crepitation was noted with range of motion. Finkelstein's was negative right and positive left; and there were negative compression and radial tunnel signs. Phalen's and Tinel's were positive bilaterally. On 9-22-2015, right carpal tunnel surgery with 8 sessions of physical therapy was approved. The treating physician's plan of care also includes a post-operative TENS unit, wrist splint and shoulder sling, but these were denied on 9-22-2015. The injured worker has been working with restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Services: Durable medical equipment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg - Durable medical equipment.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: ACOEM supports some types of durable medical equipment. However, in this case, the records do not document the specific type of DME that has been recommended. As the request is not for a specific type of DME, ACOEM does not support medical necessity. Therefore this request is not medically necessary.

Associated Surgical Services: TENS (transcutaneous electrical nerve stimulation) unit:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Rental per the MTUS guidelines, Transcutaneous electrotherapy, page 114, 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, for the conditions described below. Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use). Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985) Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007) The patient does not have any of the listed conditions. The patient does not have neuropathy, spasticity or CRPS. The request does not meet MTUS guidelines and therefore not medically necessary.

Associated Surgical Services: Wrist splint: Overturned

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 - Splinting.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods.

Decision rationale: Per ACOEM, Chapter 11, page 264: Day splints can be considered for patient comfort as needed to reduce pain, along with work modifications. The patient is to undergo carpal tunnel release. ACOEM supports use of a day splint both prior to and after surgery to facilitate return to work. The patient may be able to return to work more rapidly following surgery with splinting and work modifications. Therefore, this request is medically necessary.

Associated Surgical Services: Shoulder Sling: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder - Postoperative abduction pillow sling.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Tech Hand Up Extrem Surg. 2012 Jun;16(2):105-6. doi: 10.1097/BTH.0b013e31824e9f43. A modification of the collar-and-cuff sling to elevate the hand. Cooper L1, Ford KE, Sammut D.

Decision rationale: Per Cooper et al, elevation of the hand is routinely sought after surgery and with pathology such as inflammation and infection. Many models of sling have been described. The collar-and-cuff model is a traditional low-cost method that is easily learned and applied, is versatile, and customized to each patient. It is, however, frequently misapplied so that it immobilizes the arm but does not produce sufficient elevation. The records do not document the type of sling planned and whether it will be modified to adequately elevate the hand following surgery. The patient should be able to elevate his hand above the level of his heart without a sling. In fact, many slings keep the hand below the level of the heart and are not effective, therefore this request is not medically necessary.