

Case Number:	CM15-0193128		
Date Assigned:	10/07/2015	Date of Injury:	05/14/2010
Decision Date:	11/18/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/01/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 55 year old female, who sustained an industrial injury on 05-14-2010. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for bilateral upper causalgia, right trigger thumb, bilateral DeQuervain's, bilateral carpal tunnel syndrome status post carpal tunnel release, bilateral peripheral neuropathy, and left lateral epicondylitis. Treatment and diagnostics to date has included left hand surgery, cervical spine MRI, bilateral upper extremity MRI, wrist splint, and medications. Current medications include Ibuprofen and Omeprazole. After review of progress notes dated 08-21-2015 and 09-11-2015, the injured worker reported hand pain. The treating physician noted refilling Ibuprofen (400mg 1 tablet orally once a day for 30 days, #30) and requested to start using TENS (Transcutaneous Electrical Nerve Stimulation) Unit to affected area for pain, swelling, and spasms three times per day as needed. The request for authorization dated 09-16-2015 requested Omeprazole and Ibuprofen 400mg #30. The Utilization Review with a decision date of 09-23-2015 non-certified the request for splint given to EE, TENS (Transcutaneous Electrical Nerve Stimulation) Unit and supplies, and Ibuprofen 400mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 400mg #30: 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) Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Guidelines support NSAIDs in the management of pain and necessitate documentation of functional benefit as a result of its use. In this case, there is no documentation of functional benefit or improvement as a result of prior use. The request for Ibuprofen 400 mg #30 is not medically necessary and appropriate.

TENS unit and supplies: 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) Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TENS.

Decision rationale: Guidelines do not support TENS as a primary treatment modality and reserves its use for one-month home based trial in patients with an adjunct program of functional restoration. In this case, there are no documented indications for purchase of a TENS unit. The request for a TENS unit and supplies is not medically appropriate and necessary.

Splint given to EE: 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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) splints.

Decision rationale: Guidelines state that splinting after carpal tunnel release surgery is not recommended. In this case, the claimant had carpal tunnel release. The request for splinting is not medically appropriate and necessary.