

Case Number:	CM15-0021421		
Date Assigned:	02/11/2015	Date of Injury:	06/13/2012
Decision Date:	03/27/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/04/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 male patient, who sustained an industrial injury on 06/13/2012. A follow up visit dated 12/09/2014 reported the following diagnoses applied; carpal tunnel syndrome, neuropraxia right median nerve, flexor tenosynovitis, right wrist, lumbar sprain/strain, post-traumatic headache, ganglion joint and unspecified derangement hand joint. He was to return to modified work duties. A neurology visit dated 10/20/2014 showed the patient with an injured right ulnar/hand. Since the injury he is noted with parasthesias referable to the right dorsal hand and his right small digit MP joint remained swollen over the dorsum. He has also noted pain precluding use of his right hand. The patient's electrodiagnostics were compatible with a minimal right carpal tunnel syndrome; which would not fit with his injury or swelling to the right dorsal 5th finger joint. A request was made for a smart glove, a wrist brace, one purchase or rental of a micro cool unit, and 5 months rental of a transcutaneous electric nerve stimulator (TENS). On 01/14/2015, Utilization Review, non-certified the request, noting the CA MTUS ACOEM, Chapter 11, Chronic pain, TENS were cited. The injured worker submitted an application for independent medical review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) smart glove: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CTS ,Durable Medical Equipment (DME) and Exercise Equipment Medicare.gov, durable medial equipment

Decision rationale: MTUS and ACOEM are silent regarding the medical necessity of a smart glove. ODG does state regarding durable medical equipment (DME), "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below" and further details "Exercise equipment is considered not primarily medical in nature". Medicare details DME as: durable and can withstand repeated use, used for a medical reason, not usually useful to someone who isn't sick or injured, appropriate to be used in your home. The request for smart glove likely meets the criteria for durability and home use per Medicare classification, although the request is non-specific. However, the treating physician fails to comment on what medical reason the patient has that would necessitate a smart glove other than post operative treatment. The treating physician is also requesting a wrist brace postoperatively which guidelines recommend against. No validation of the patient's fragility, lack of ability perform these daily activities, or other components to justify this request. In this specific case, smart glove is not classified as DME. As such the request for a one smart glove is not medically necessary at this time.

One (1) wrist splint: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262-264, 268-269. Decision based on Non-MTUS Citation Forearm Wrist Hand and Carpal Tunnel, Splint

Decision rationale: MTUS is silent with regards to wrist brace. ACOEM states regarding wrist immobilization, "Splinting of wrist in neutral position at night & day" may be indicated for carpal tunnel syndrome and "Limit motion of inflamed structures with wrist and thumb splint". ACOEM further states "Limit motion of inflamed structures" for tendinitis and tenosynovitis, but does not specify with splinting. ODG (capal tunnel) refers to splinting section for braces, "splinting the wrist beyond 48 hours following CTS release may be largely detrimental, especially compared to a home physical therapy program." Medical records do indicate a diagnosis of carpal tunnel syndrome and that the patient will be having surgery. Based on the documents provided it appears the wrist splint would be utilized postoperatively which guidelines recommend against. The treating physician does not detail any extenuating circumstances that warrant exception to the guidelines outlined above. As such, the request for One (1) wrist splint is not medically necessary at this time.

One (1) purchase or rental of micro cool unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.deroyal.com/medicalproducts/orthopedics/product.aspx?id=pc-temptherapy-coldtherunit>

Decision rationale: MTUS is silent on the use of cold therapy units. ODG for heat/cold packs states "Recommended as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. (Bigos, 1999) (Airaksinen, 2003) (Bleakley, 2004) (Hubbard, 2004) Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. (Nadler 2003) The evidence for the application of cold treatment to low-back pain is more limited than heat therapy, with only three poor quality studies located that support its use, but studies confirm that it may be a low risk low cost option. (French-Cochrane, 2006) There is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function. (Kinkade, 2007)". The use of devices that continually circulate a cooled solution via a refrigeration machine have not been shown to provide a significant benefit over ice packs. As such the request for One (1) purchase or rental of micro cool unit is not medically necessary.

Five (5) months rental of transcutaneous electrical nerve stimulation (TENS) unit with supplies: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines inferential current Page(s): 118-120.

Decision rationale: ACOEM guidelines state "Insufficient evidence exists to determine the effectiveness of sympathetic therapy, a noninvasive treatment involving electrical stimulation, also known as interferential therapy. At-home local applications of heat or cold are as effective as those performed by therapists." MTUS further states regarding interferential units, "Not recommended as an isolated intervention" and details the criteria for selection:- Pain is ineffectively controlled due to diminished effectiveness of medications; or - Pain is ineffectively controlled with medications due to side effects; or - History of substance abuse; or - Significant pain from postoperative conditions limits the ability to perform exercise programs/ physical therapy treatment; or- Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). "If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits."The medical documentation does not detail any concerns for substance abuse or pain from postoperative conditions that limit ability to participate in exercise programs/treatments. Progress notes do not detail

unresponsiveness to other conservative measures such as repositioning, heat/ice, etc. As such, the request for Five (5) months rental of transcutaneous electrical nerve stimulation (TENS) unit with supplies is not medically necessary.