

Case Number:	CM15-0023433		
Date Assigned:	02/13/2015	Date of Injury:	07/23/2012
Decision Date:	04/06/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61 year old male, who sustained an industrial injury on 7/23/2012. He reports injury to the head, cervical spine, lumbar spine, bilateral shoulder, elbows and wrists and bilateral hips, legs, knees, ankles and feet. Diagnoses include carpal tunnel syndrome, brachial neuritis and ulnar nerve lesion. Treatments to date include lumbar and cervical spine fusions, physical therapy, wrist brace and medication management. A progress note from the treating provider dated 12/9/2014 indicates the injured worker reported right wrist pain, neck pain, low back pain and bilateral lower and upper extremity pain. On 1/9/2015, Utilization Review non-certified the request for micro-cool, right hand brace, smart glove, deep vein thrombosis compression pump with sleeve, home exercise kit for hand/wrist and TENS (transcutaneous electrical nerve stimulation) unit and supplies for 5 months, citing MTUS and ACOEM.

IMR ISSUES, DECISIONS AND RATIONALES

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

Micro cool: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic) Continuous cold therapy (CCT).

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for neck and low back pain with bilateral upper extremity and lower extremity radiating symptoms. Diagnoses include carpal tunnel syndrome and ulnar neuropathy. Treatments have included cervical and lumbar spine fusions and a right carpal tunnel release is being planned. Continuous cold therapy is recommended as an option in the postoperative setting, with use generally no more than 7 days, including home use. In this case, the duration of intended use is not specified and therefore this request was not medically necessary.

Right hand wrist brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic), Splinting.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for neck and low back pain with bilateral upper extremity and lower extremity radiating symptoms. Diagnoses include carpal tunnel syndrome and ulnar neuropathy. Treatments have included cervical and lumbar spine fusions and a right carpal tunnel release is being planned. In the treatment of carpal tunnel syndrome, guidelines recommend splinting of the wrist in neutral position at night and during the day as needed as an option in conservative treatment. In this case, surgery is being planned after failure of conservative treatments. Therefore the requested right wrist brace is not medically necessary.

Smart glove: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic), Splinting.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for neck and low back pain with bilateral upper extremity and lower extremity radiating symptoms. Diagnoses include carpal tunnel syndrome and ulnar neuropathy. Treatments have included cervical and lumbar spine fusions and a right carpal tunnel release is being planned. In the treatment of carpal tunnel syndrome, guidelines recommend splinting of the wrist in neutral position at night and during the day as needed as an option in conservative

treatment. In this case, surgery is being planned after failure of conservative treatments. Therefore the requested Smart glove support is not medically necessary.

DVT compression pump with sleeves 2-4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bates SM, Jaeschke R, Diagnosis of DVT: antithrombotic therapy and prevention of thrombosis, 9th ed: American College of Chest Physicians (ACCP) evidence-based clinical practice guidelines. Chest 2012 Feb; 141 (2 Suppl):e351 S-418 S and Suppl: 195 S-e226 S.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for neck and low back pain with bilateral upper extremity and lower extremity radiating symptoms. Diagnoses include carpal tunnel syndrome and ulnar neuropathy. Treatments have included cervical and lumbar spine fusions and a right carpal tunnel release is being planned. Deep venous thrombosis prophylactic therapy for prevention of DVT is routinely utilized in the inpatient setting with major abdominal, pelvic, extremity or neurologic surgery, or following major trauma. In this case, the claimant has no identified high risk factors for developing a deep vein thrombosis or history of prior thromboembolic event. The claimant has not undergone a major surgical procedure. Therefore, this request is not medically necessary.

Home exercise kit for hand/wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for neck and low back pain with bilateral upper extremity and lower extremity radiating symptoms. Diagnoses include carpal tunnel syndrome and ulnar neuropathy. Treatments have included cervical and lumbar spine fusions and a right carpal tunnel release is being planned. Post surgical treatment after carpal tunnel surgery includes up to 8 therapy visits over 3-5 weeks with a postsurgical physical medicine treatment period of 3 months. Patients are expected to continue active therapies at home and compliance with a home exercise program would be expected and would not required specialized equipment. The requested Home Exercise kit is therefore not medically necessary.

TENS unit plus supplies 5 months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Neuromuscular electrical stimulation (NMES devices), p121 (2) Transcutaneous electrotherapy, p114 Page(s): 114, 121.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for neck and low back pain with bilateral upper extremity and lower extremity radiating symptoms. Diagnoses include carpal tunnel syndrome and ulnar neuropathy. Treatments have included cervical and lumbar spine fusions and a right carpal tunnel release is being planned. In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. The medical necessity of the use of TENS for 5 months is not established and therefore this request was not medically necessary.