

Case Number:	CM15-0221079		
Date Assigned:	11/16/2015	Date of Injury:	07/06/2012
Decision Date:	12/30/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/10/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 48 year old female, who sustained an industrial-work injury on 7-6-12. The injured worker was diagnosed as having lumbar lumbosacral disc degeneration, shoulder impingement syndrome, and carpal tunnel syndrome. Treatment to date has included medication: Ibuprofen, Omeprazole, Duexis, and topical lotions and diagnostics. MRI results were reported on 3-20-15 of the lumbar spine that revealed straightening of the lumbar lordosis and disc desiccation, disc bulge at L5-S1 with bilateral foraminal narrowing, bilateral facet hypertrophy, posterior central annular tear at L3-4 and disc bulge, disc bulge at L2-3, L1-2. On 3-19-15, MRI of the cervical spine revealed straightening of the cervical lordosis, disc bulge at C6-7 with mild central and foraminal narrowing. MRI of the left shoulder revealed tendinopathy of the supraspinatus and infraspinatus tendons with mild hypertrophy of the left acromioclavicular joint. EMG-NCV (electromyography and nerve conduction velocity test) was reported on 3-10-15 that revealed left median nerve neuropathy at the left wrist with entrapment. Currently, the injured worker complains of arm and shoulder pain with neck pain, back and left leg pain, numbness with hand. Per the primary physician's progress report (PR-2) on 9-15-15, exam revealed positive findings for CTS (carpal tunnel syndrome) per EMG (electromyography). Conservative treatment (medication and activity modification) had failed. The Request for Authorization requested service to include surgery consultation, bilateral wrist support, transcutaneous electrical nerve stimulation (TENS) unit for purchase. The Utilization Review on 10-23-15 denied the request for Surgery consultation, bilateral wrist support, transcutaneous electrical nerve stimulation (TENS) unit for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM (American College of Occupational and Environmental Medicine) 2004 Introduction, Independent Medical Examination and Consultations, page 127.

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

Decision rationale: This 48 year old female has complained of lower back, shoulder and wrist pain since date of injury 7/6/2012. She has been treated with physical therapy and medications. The current request is for an orthopedic hand surgeon evaluation. There is inadequate documentation of objective findings on physical examination or specific symptomatology that would indicate a condition that would benefit from a hand surgery consultation. On the basis of this lack of documentation and per the MTUS guidelines cited above, a surgery consultation is not medically necessary.

Bilateral wrist support: 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) 2015 Forearm, Wrist & Hand Splints.

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

Decision rationale: This 48 year old female has complained of lower back, shoulder and wrist pain since date of injury 7/6/2012. She has been treated with physical therapy and medications. The current request is for bilateral wrist supports. Per the MTUS guidelines cited above, wrist supports/ braces are not a recommended treatment modality for chronic wrist pain. On the basis of the available medical records and per the MTUS guidelines cited above, bilateral wrist supports are not medically necessary.

TENS unit for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-TENS, chronic pain (transcutaneous electrical nerve stimulation).

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

Decision rationale: This 48 year old female has complained of lower back, shoulder and wrist pain since date of injury 7/6/2012. She has been treated with physical therapy and medications. The current request is for TENS unit for purchase. Per the ODG guidelines cited above, TENS is not a recommended therapy for chronic forearm, wrist or hand pain. On the basis of the available medical records and per the guidelines cited above, TENS is not medically necessary.