

Case Number:	CM15-0222501		
Date Assigned:	11/18/2015	Date of Injury:	04/16/2015
Decision Date:	12/31/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/12/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic 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 33 year old female, who sustained an industrial injury on 4-16-15. The injured worker was being treated for right forearm strain, right wrist strain-sprain and rule out right wrist carpal tunnel. On 10-2-15, the injured worker complains of right arm-forearm pain and bilateral wrist pain. She is currently temporarily totally disabled as of 10-2-15. Physical exam performed on 10-2-15 revealed right forearm tenderness to palpation anteriorly-posteriorly, right wrist tenderness to palpation, dorsal-palmar-ulnar radial aspects, decreased range of motion, positive Tinel's-Phalen's tests, decreased motor strength right wrist-hand and decreased sensation of right upper extremity median nerve distribution. Documentation indicates there have been no prior treatments. On 10-8-15 the treatment plan included request for right wrist brace, hot-cold unit, TENS unit, EMG/NCV of bilateral upper extremities and physical performance exam. On 10-15-15 request for hot-cold unit and TENS unit was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot and cold therapy unit: Upheld

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

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.

Decision rationale: The CA MTUS is silent regarding cold therapy units. The ODG carpal tunnel section recommends continuous cold therapy as an option only in the postoperative setting, with regular assessment to avoid frostbite. Postoperative use generally should be no more than 7 days, including home use. A prospective randomized study was performed comparing the efficacy of a temperature-controlled cooling blanket (CCT) or a standard ice pack in the postoperative treatment of 72 patients with carpal tunnel syndrome. Patients who used CCT showed significantly greater reduction in pain, edema (wrist circumference), and narcotic use post-op than did those using ice therapy. In this study the controlled cold therapy was only used for 3 days. (Hochberg, 2001) Complications related to cryotherapy, including frostbite, are rare but can be devastating. In this case, there is no indication that the injured worker has undergone surgical treatment. In addition, there is no specified amount of time for rental of the unit. The request is not medically necessary.

Transcutaneous electrical nerve stimulator unit: Upheld

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

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.

Decision rationale: The CA MTUS is silent on the issue of TENS units for the treatment of carpal tunnel syndrome. The ODG carpal tunnel section states that it is not recommended. Transcutaneous electrical neurostimulation (TENS) units have limited scientifically proven efficacy in the treatment of carpal tunnel syndrome, but are commonly used in physical therapy. Therefore the request is not medically necessary.