

Case Number:	CM15-0041585		
Date Assigned:	03/11/2015	Date of Injury:	07/14/2003
Decision Date:	04/22/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/04/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 53-year-old female injured worker suffered an industrial injury on 7/14/2003. The diagnoses were repetitive strain injury, neck and bilateral upper extremities with myofascial syndrome, bilateral carpal tunnel syndrome, degenerative cervical disc disease, chronic pain syndrome and chronic back pain with radicular symptoms. The diagnostic studies were cervical magnetic resonance imaging, and thoracic outlet magnetic resonance imaging. The treatments were TENS, home exercise program, splints, functional restoration program, and physical therapy. The treating provider reported neck and upper extremity pain with tenderness, hypersensitivity. The requested treatment were thumb splints and TENS supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral comfort coll thumb splints #4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Splinting.

Decision rationale: The progress note dated February 3, 2015 already indicates that the injured employee wears resting hand splints for carpal tunnel syndrome. There is not stated to be any difficulty with the existing splints. While it is acknowledged that the request is for thumb splints, which are distinct from hand splints, there is no documentation describing the need for the thumb splints. Considering this, this request for bilateral comfort cool thumb splints is not medically necessary.

TENS supplies x 6 months: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 114 115.

Decision rationale: Respectfully disagree with the UR physician. The injured employee has a diagnosis of chronic low back pain with radicular symptoms. The California MTUS guidelines recommends the usage of a TENS unit for control of these symptoms. The attached medical record indicates that previous use of a TENS unit was stated to be helpful in controlling the injured employee symptoms. As such, this request for six months supplies of tens unit is medically necessary.