

Case Number:	CM15-0052099		
Date Assigned:	03/25/2015	Date of Injury:	12/08/2012
Decision Date:	05/13/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/19/2015

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

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 45-year-old female who reported an injury on 12/08/2012. The mechanism of injury was the injured worker struck the posterolateral side of her right elbow against the edge of a desk. Prior therapies included physical therapy, medications, and a cortisone injection into the right elbow. Treatment for the hand included a cortisone injection. The injured worker underwent an EMG of the right upper extremity that revealed the right median sensory distal latency was prolonged and the interpretation included that only sensory fibers were affected. The injured worker had mild right carpal tunnel syndrome. The injured worker underwent an MRI of the right wrist on 04/10/2014 which revealed some degenerative cysts in the triquetrium and the capitate bones, otherwise it was normal. The documentation of 10/30/2014 revealed the injured worker had increased right wrist radial pain and had numbness and tingling in the radial 3 digits. The injured worker was noted to utilize wrist splints every evening without relief of numbness and tingling. The physical examination revealed the injured worker had a right lateral epicondyle that was tender to palpation. The injured worker had a positive right Finkelstein's test and the carpal tunnel examination revealed a negative Tinel's and a positive Phalen's. The diagnostic studies indicated the physician indicated the injured worker had mild right carpal tunnel syndrome. The diagnoses included right carpal tunnel syndrome, lateral epicondylitis, right thumb CMC synovitis, and right de Quervain's tenosynovitis. The documentation indicated the injured worker's prior cortisone injection caused increased itching. The treatment plan included proceeding with surgery. The documentation indicates the injured worker had attempted all nonoperative treatment options and the documentation indicated the

injured worker wished to proceed with right wrist surgical intervention. There was a Request for Authorization submitted for review dated 02/02/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wrist Cock-up non-molded: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2004 edition: Summary of Recommendations and Evidence: Table 11-7: Rest and Immobilization.

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

Decision rationale: The American College of Occupational and Environmental Medicine indicate that day splints can be considered for the injured worker's comfort as needed to reduce pain along with work modifications. The clinical documentation submitted for review indicated the injured worker had been treated with bracing previously. However, the specific brace being requested was for post-operative use and would be different than the original brace would be. The surgical intervention was found to be medically necessary. As such, the request for cock-up non-molded is medically necessary.

Carpal Tunnel Surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Indications for surgery - Carpal Tunnel Release.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The American College of Occupational and Environmental Medicine guidelines indicate that a referral for hand surgery consultation may be indicated for injured workers who have red flags of a serious nature; fail to respond to conservative management, including worksite modifications and who have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. Carpal tunnel syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. The clinical documentation submitted for review indicated the injured worker had utilized bracing and injections. The injured worker was noted to have failed conservative care. The injured worker had positive findings on clinical examination and the EMG revealed mild right carpal tunnel syndrome. This request would be appropriate. Given the above, the request for carpal tunnel syndrome is not medically necessary.

Pneum compressor segmental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee and Leg: Venous Thrombosis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Venous Thrombosis, Compression Garment.

Decision rationale: The Official Disability Guidelines indicate that injured workers should be assessed for the risk of developing deep venous thrombosis. Additionally, the Official Disability Guidelines indicate that compression garments in the form of compression stockings are appropriate for the prevention of deep venous thrombosis. There was a lack of documentation indicated the injured worker was at risk for deep venous thrombosis. The clinical documentation submitted for review failed to provide the rationale for a pneumatic compressor segmental. The request as submitted failed to indicate whether the unit was for rental or purchase. Given the above, the request for pneumatic compressor segmental is not medically necessary.

Postoperative Smart Glove: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2004 edition: Summary of Recommendations and Evidence: Table 11-7: Rest and Immobilization.

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

Decision rationale: The American College of Occupational and Environmental Medicine indicate that day splints can be considered for the injured worker's comfort as needed to reduce pain along with work modifications. The clinical documentation submitted for review indicated the injured worker had been treated with bracing previously. The smart glove is a brace and as the injured worker had previously been treated with a brace, this request would be considered duplicative. The clinical documentation submitted for review failed to provide a rationale for the requested smart glove. Given the above, the request for postoperative smart glove is not medically necessary.

Interferential Unit plus supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines do not recommend interferential current stimulation as an isolated intervention. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant nonadherence to guideline recommendations. There was a lack of documentation indicating the injured worker would be using the unit as an adjunct. The request as submitted failed to indicate whether the unit was for rental or purchase. If for rental, the duration of use was not provided. Given the above and the lack of documentation, the request for interferential unit plus supplies is not medically necessary.

TENS two lead: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-116.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend a TENS unit for acute postoperative pain in the first 30 days of surgery. The use of the unit would be supported for 30 days post-operatively. However, the request as submitted failed to indicate whether the unit was for rental or purchase. Given the above and the lack of documentation, the request for TENS two lead is not medically necessary.