

Case Number:	CM15-0066057		
Date Assigned:	04/13/2015	Date of Injury:	11/05/2013
Decision Date:	07/07/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/07/2015

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: Illinois, California, Texas

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 56-year-old female who sustained an industrial injury on 11/15/13, relative to a fall onto her right hand. The 6/27/14 electrodiagnostic study impression documented evidence consistent with moderate to severe right carpal tunnel syndrome. Conservative treatment included use of a right wrist brace, use of an elastic neoprene sleeve on the right thumb, Voltaren gel, activity modification, and oral medications. The 3/7/15 treating physician report cited right thumb triggering, numbness, and tingling to the hand. Symptoms woke her up at night. Physical exam documented positive Phalen's and Tinel's tests, and right thumb triggering with clicking, catching and tenderness at the A1 pulley. The diagnosis included symptomatic right carpal tunnel syndrome, triggering of the right thumb, and mild right wrist deQuervain's. The treatment plan is to proceed with right carpal tunnel and right trigger thumb surgeries, which were scheduled for 3/27/15. Authorization was also requested for motorized cold unit purchase, arm sling purchase, TENS unit purchase, wrist brace purchase, and wrist exercise kit purchase. The 3/27/15 utilization review modified the request for purchase of a cold therapy unit to a 7-day rental consistent with the Official Disability Guidelines. The request for TENS unit purchase was modified to a 30-day rental consistent with the MTUS guidelines. The request for arm sling purchase was non-certified as there was no justification for the use of an arm sling. The request for right wrist brace purchase was non-certified as there was no medical rationale or extenuating circumstances indicating the need for this item in the absence of guideline support. The request for wrist exercise kit purchase was non-certified as there was no documentation of specific circumstances requiring the use of equipment for a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motorized cold unit purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel, Continuous Cold Therapy.

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: Continuous cold therapy (CCT).

Decision rationale: The California MTUS is silent regarding cold therapy units. The Official Disability Guidelines state that continuous cold therapy is an option for up to 7 days in the post-operative setting following carpal tunnel release. Patients who used continuous cold therapy showed significantly greater reduction in pain, edema (wrist circumference), and narcotic use post-op than did those using ice therapy. The 3/27/15 utilization review modified this request and allowed a 7-day rental of a cold therapy unit. There is no compelling rationale presented to support the medical necessity of additional certification. Therefore, this request is not medically necessary.

Arm sling purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The California MTUS guidelines support limiting motion of the inflamed structures with wrist and thumb splints. Guideline criteria have not been met. There is no compelling rationale to support the medical necessity of limiting the motion of structures beyond the wrist and hand. Therefore, this request is not medically necessary.

TENS unit purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, post-operative pain (transcutaneous electrical nerve stimulation) Page(s): 116-117.

Decision rationale: The California MTUS guidelines recommend TENS use as a treatment option for acute post-operative pain in the first 30 days after surgery. TENS appears to be most effective for mild to moderate thoracotomy pain. It has been shown to be of lesser effect, or not at all for other orthopedic surgical procedures. Guidelines state that the proposed necessity of the unit should be documented. The 3/27/15 utilization review

modified this request for purchase of a TENS unit and allowed a 30 day rental. There is no compelling rationale documented to support the medical necessity of additional certification beyond guideline recommendations. Therefore, this request is not medically necessary.

Right wrist brace purchase: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: The California MTUS guidelines state that post-operative wrist/hand splinting is optional. This injured worker is undergoing a carpal tunnel release and trigger thumb release. The short term use of post-operative splinting is consistent with guidelines. Therefore, this request is medically necessary.

Wrist exercise kit purchase: 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 Exercise Page(s): 46-47.

Decision rationale: The California MTUS supports the use of exercise for patients in the post-operative period. Exercise programs are reported superior to treatment programs that do not include exercise. Guidelines state that there is no sufficient evidence to support the recommendation of any particular exercise regime over any other exercise regime. Guideline criteria have not been met. There is no compelling reason to support the medical necessity of this pre-packaged generic wrist exercise kit over an individualized home exercise program designed by the injured worker's physical therapist. Therefore, this request is not medically necessary.