

Case Number:	CM15-0085081		
Date Assigned:	05/07/2015	Date of Injury:	01/19/2011
Decision Date:	07/08/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/04/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, 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 52 year old female, who sustained an industrial injury on 1/19/11. The injured worker has complaints of pain, tingling and numbness of the hands; severe neck and arm pain; shooting pain in the wrist and difficulty moving neck pain that radiates into both upper extremities and thoracic and lumbar spine pain and bilateral knee pain. The diagnoses have included cervical spondylolysis, status post anterior cervical fusion C4-C5, C5-C6 and C6-C7, shoulder impingement, elbow epicondylitis and bilateral carpal tunnel syndrome. Treatment to date has included bracing; gabapentin; Celebrex and norco; fusion in the neck in January 2012; electromyography/nerve conduction study revealed bilateral carpal tunnel syndrome; acupuncture; physical therapy; magnetic resonance imaging (MRI) on the neck revealed disc bulges; neurodiagnostic studies revealed abnormalities; epidural steroid injections and an adjacent level fusion on 8/16/13. The request was for cold therapy unit; sling left elbow; transcutaneous electrical nerve stimulation unit; left thumb spica brace and wrist exercise kit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit: Overturned

Claims Administrator guideline: The Claims Administrator 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pages 181-183, Neck and Upper back, Summary of Recommendations, Table 8-8ODG, Cold/Heat Pack.

Decision rationale: MTUS does not specifically mention a cold therapy unit, but does recommend at-home applications of heat and cold and would support hot and cold packs for acute pain. ODG indicates cold therapy units for certain post-op conditions. The patient currently meets the criteria. According to the clinical documentation provided and current guidelines; A Cold Therapy Unit is indicated as a medical necessity to the patient at this time.

Sling-L elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 588.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 264 , wrist complaints.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a sling. MTUS guidelines state the following: not indication for CTS. According to the clinical documentation provided and current MTUS guidelines; a sling is not indicated as a medical necessity to the patient at this time.

TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit, page(s) 113-115.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for TENS unit. MTUS guidelines state the following: Not recommended as a primary treatment modality. While TENS may reflect the long standing accepted standard of care within many medical communities, the results of studies are inconclusive, the published trials do not provide parameters, which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several studies have found evidence lacking concerning effectiveness. A one-month trial may be considered for condition of neuropathic pain and CRPS, phantom limb, multiple sclerosis and for the management of spasticity in a spinal cord injury. The patient does not meet the diagnostic criteria at this time. According to the clinical documentation provided and current MTUS guidelines, A TENS unit is not indicated as a medical necessity to the patient at this time.

Left thumb spica brace: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 264 , wrist complaints.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a thumb spica brace. MTUS guidelines state the following: indicated for CTS. According to the clinical documentation provided and current MTUS guidelines; a thumb spica brace is indicated as a medical necessity to the patient at this time.

Wrist exercise kit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation I am unable to use current guidelines due to the nature of the request.

Decision rationale: MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a wrist exercise kit. The request is not specific to what the kit contains. Therefore, the wrist exercise kit is not indicated as a medical necessity to the patient at this time.