

Case Number:	CM14-0125740		
Date Assigned:	09/18/2014	Date of Injury:	10/08/2012
Decision Date:	10/16/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/07/2014

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. The expert reviewer is Board Certified in Plastic Surgery/Hand Surgery and is licensed to practice in Oregon. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 68-year-old claimant injured the left upper extremity while performing work duties as a cafeteria helper on 10/08/12. The claimant currently complains of pain in the left upper extremity at night. The claimant has to shake the hand frequently in the middle of the night to decrease the pain and discomfort. The claimant has increasing difficulty dropping objects. The claimant also has some numbness in the digits of the left hand. Past medical history is significant for prior open heart surgery, now on antihypertensive medication, and history of diabetes. On examination, there is positive Tinel's sign over the left ulnar nerve. There is some very mild intrinsic weakness of the left hand compared to the right. There is evidence of left thenar atrophy. Tinel's sign, Durkan's test, and Phalen's test are positive in the left wrist. There is some tendon adhesions noted as the claimant has difficulty making a full fist with the left hand. The EMG/NCS on 03/04/14 revealed moderate left median neuropathy across the wrist and left ulnar neuropathy across the elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wrist Brace Qty: 1: 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 -splinting of wrist

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Curr Rev Musculoskelet Med. 2010 Jul 11;3(1-4):11-7. doi: 10.1007/s12178-010-9060-9. Does wrist immobilization following open carpal tunnel release improve functional outcome? A literature review. Isaac SM1, Okoro T, Danial I, Wildin C.

Decision rationale: ACOEM, MTUS and ODG do not address the use of splinting following carpal tunnel release. According to a study by Isaac et al, "We conclude that there is no beneficial effect from post-operative immobilization after open carpal tunnel decompression when compared to early mobilization." As such, the request is considered not medically necessary.

Smart Glove Qty: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.imakproducts.com/Products>, smart glove

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM, MTUS and ODG do not address. There is no peer reviewed literature that supports this request.

Decision rationale: The smart glove with Thumb Support provides flexible support to the wrist and thumb, while allowing full use of the hand. It helps prevent and relieve thumb and wrist pain caused by repetitive motion activities. In this case, the claimant was approved to undergo left carpal tunnel release and decompression arterial arch (palmar arch), tenolysis of flexor tendon and fasciotomy of the distal antebrachial fascia. However, there are no studies that show that a smart glove improves outcomes following carpal tunnel release. The requested Smart glove is not medically necessary and appropriate.

Post operative physiotherapy 3 x week x 4 weeks L wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post surgical treatment guidelines, carpal tunnel release..

Decision rationale: Regarding physical therapy, Post-surgical MTUS notes that Post-surgical Treatment for Carpal Tunnel Syndrome is 3-8 visits over 3-5 weeks. Therefore the request is not medically necessary.

Acupuncture 2 x week x 6 weeks L wrist Qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS notes that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement is typically 3-6 treatments. The records do not confirm that pain medication is not tolerated. Therefore the request is considered not medically necessary.