

Case Number:	CM14-0136530		
Date Assigned:	09/03/2014	Date of Injury:	09/24/1997
Decision Date:	10/22/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/25/2014

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 Occupational Medicine and is licensed to practice in California. 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:

The injured worker is a 64-year-old male who has submitted a claim for low back pain and carpal tunnel syndrome associated with an industrial injury date of September 24, 1997. Medical records from 2014 were reviewed. The injured worker complained of low back pain radiating to the lower extremity. Pain was rated 7-7.5/10. There are associated muscle spasms in the bilateral back, shoulder, and right forearm. Physical examination showed diffuse myofascial tenderness of the lower back, and bilaterally positive straight leg raise reproducing pain in the L5-S1 distribution. The diagnoses include carpal tunnel syndrome, back pain and lumbar stenosis. Treatment to date has included oral and topical analgesics, heating pad, cold pack, and carpal tunnel gloves. Utilization review from July 30, 2014 denied the request for carpal tunnel gloves for purchase/replace x 2 because no exam of the hands was furnished for review. The specifications for use of carpal tunnel gloves were not provided as well. The request for cold pack for purchase/replace x 1 was also denied because there is little evidence regarding the efficacy of cold therapy for low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carpal Tunnel Gloves for Purchase/Replace x 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 156.

Decision rationale: According to pages 156 of the ACOEM Practice Guidelines referenced by CA MTUS, splints encourage lack of mobility which likely impairs or delays recovery with potentially increasing risk of complex regional pain syndrome, debility and delayed recovery. There are limited indications for splints in patients with select diagnoses generally involving more extensive surgical procedures or other needs to utilize splints for protective purposes. In this case, the patient has used carpal tunnel gloves as far back as 2013. However, most recent progress reports did not provide examination of the bilateral wrists. There were also no subjective complaints noted with regards to the bilateral wrists. It is unclear whether the patient is still in need of carpal tunnel gloves at this time. Furthermore, the guidelines state that splints "encourage lack of mobility which may impair and delay recovery." The medical necessity has not been established at this time due to lack of information. Therefore, the request for Carpal Tunnel Gloves for Purchase/Replace x 2 is not medically necessary.

Cold Pack for Purchase/Replace x 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Section, Cold packs; Low Back Section, Cold/Heat Packs

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation-Official Disability Guidelines was used instead. According to ODG, cold/heat packs are recommended as an option for acute pain. There is minimal evidence supporting the use of cold therapy. In this case, the injured worker has been using cold packs as far back as 2013 (at least 1 year to date). However, response to cold pack application was not documented. Moreover, the guideline recommends cold application for acute pain which is not the present in this injured worker. Likewise, there is little evidence to support its use. The medical necessity has not been established. There was no clear indication for the request. Therefore, the request for Cold Pack for Purchase/Replace x 1 is not medically necessary.