

Case Number:	CM14-0092094		
Date Assigned:	07/25/2014	Date of Injury:	01/16/2013
Decision Date:	10/16/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/18/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 49 year-old female was reportedly injured on 1/16/2013. The claimant underwent a left carpal tunnel release on 12/18/2013. The post-operative progress notes from 1/3/2014 through 5/12/2014 indicate that there were ongoing complaints of left upper extremity pain and weakness. Physical examination demonstrated LUE: tenderness and decreased grip strength, with sensation intact in all digits; RUE: negative Tinel's, Phalen's and Finkelstein. No recent diagnostic imaging studies available for review. Diagnosis: carpal tunnel syndrome and De Quervain's tenosynovitis. Previous treatment includes manual therapy, splinting, e-Stim, H-wave, and post-surgical physical therapy. A request had been made on 12/18/2013 for sterile electrodes (purchase), arm sling (purchase), and transcutaneous electrical nerve stimulator (TENS) (purchase), which were not certified in the utilization review on 6/4/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sterile Electrodes (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116,117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117 of 127..

Decision rationale: The MTUS guidelines does not support the use of a TENS unit (see below); therefore, there is no need for sterile electrodes. Such as, Sterile Electrodes (purchase) is not medically necessary.

Arm sling (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 (ODG) Forearm, Wrist and Hand (updated 02/18/14) Splints

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007).

Decision rationale: ACOEM Practice Guidelines support the use of a sling for elbow fractures/dislocations, acute elbow sprains, biceps or triceps ruptures, and shoulder dislocations. The Official Disability Guidelines support a sling for massive rotator cuff tears after surgery. A search of the US National Library of Medicine (NCBI) fails to document any publications or studies to support this request. As such, the request for a sling after a carpal tunnel surgery is not medically necessary.

Transcutaneous electrical nerve stimulator (TENS), (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116,117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117 of 127..

Decision rationale: MTUS treatment guidelines support TENS (transcutaneous electrical nerve stimulation) as a treatment option for acute post-operative pain for 30 days after specific surgical procedures. The guidelines state that TENS is most effective for thoracotomy pain, but has been shown to be of lesser effect, or not at all for other orthopedic surgical procedures. Review of the available medical records, indicates the claimant underwent a left carpal tunnel release in December 2013, but fails to document a medical necessity for a TENS unit after this surgery. As such, this request is not considered medically necessary.