

Case Number:	CM14-0097448		
Date Assigned:	07/28/2014	Date of Injury:	11/30/2012
Decision Date:	09/25/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/25/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 57 year old male who was injured at work on 11/30/2012. He was diagnosed of carpal tunnel syndrome of the right hand. As he continued to experience pain and numbness in his right hand, he had Carpal tunnel release surgery on 02/06/2014. Following surgery, he appeared to have reacted to the steri strip, though the wound healed; he has continued to complain of burning pain in his hand, despite 16 physical / Occupational therapy sessions. At dispute are the requests for Micro-Z 100 volt, and for Cuff and Collar arm support - L/XL.

IMR ISSUES, DECISIONS AND RATIONALES

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

Micro-Z 100 volt: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Galvanic Stimulation Page(s): 117.

Decision rationale: The injured worker sustained a work related injury on 11/30/2012. The medical records provided indicate the diagnosis of Carpal tunnel syndrome S/P release. Treatments have included 16 Occupational therapy sessions. The medical records provided for

review do not indicate a medical necessity for Micro-Z 100 volt. Galvanic stimulation is considered investigational. It is characterized by high voltage, pulsed stimulation and is used primarily for local edema reduction through muscle pumping. The MTUS does not recommend Galvanic Stimulation, therefore recommends against the use of Micro-Z 100 volt (Galvanic Stimulation device). The request treatment is not medically necessary and appropriate.

Cuff and Collar arm support - L/XL: 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 syndrome.

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

Decision rationale: The injured worker sustained a work related injury on 11/30/2012. The medical records provided indicate the diagnosis of Carpal tunnel syndrome S/P release. Treatments have included 16 Occupational therapy sessions. The medical records provided for review do not indicate a medical necessity for Cuff and Collar arm support - L/XL. The MTUS does not recommend postoperative splinting after carpal tunnel release surgery due to lack of benefits from two prospective randomized studies when compared to a bulky dressing alone. Besides, the MTUS suggested splinting the wrist beyond 48 hours following Carpal tunnel release may detrimental, y compared to a home therapy program. Therefore the request for Cuff and Collar arm support - L/XL is not medically necessary and appropriate.