

<b>Case Number:</b>	CM13-0032916		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	03/28/2009
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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: California

Certification(s)/Specialty: Orthopedic Surgery, 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 59-year-old female who reported an injury on 03/28/2009. The mechanism of injury was cumulative trauma. The diagnoses included carpal tunnel syndrome bilaterally, bilateral first dorsal compartment and de Quervain's tenosynovitis with bilateral wrist sprain and strain. The prior therapies included 12 sessions of physical therapy. The documentation of 09/05/2013 revealed the injured worker had undergone no surgeries. The medications included Advil and metformin. The injured worker had positive Tinel's sign over the median wrist bilaterally. The injured worker had a positive Finkelstein's test, Phalen's test, Tinel's sign, compression test, and positive pain over the first dorsal wrist extensor bilaterally. There was mild thenar atrophy and mild abductor pollicis brevis weakness. Two point discrimination was greater than 6 mm in the bilateral thumbs and index fingers. The treatment plan included an EMG of the bilateral upper extremities to rule out carpal tunnel syndrome or cervical radiculopathy, and bilateral Spica splints to be worn throughout the day for the alleviation of de Quervain's tenosynovitis and volar wrist splints to be worn at night for alleviation of carpal tunnel syndrome. Additionally, the request was made for formal physical therapy and a TENS unit and anti-inflammatories and pain medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY, UNKNOWN AMOUNT OR FREQUENCY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine treatment for up to 10 visits for myalgia and myositis. The clinical documentation submitted for review indicated the injured worker had 12 sessions of therapy previously. There was a lack of documentation of objective functional benefit and there was a lack of documentation of remaining objective functional deficits. The request as submitted failed to indicate the frequency, the quantity, and the body part to be treated. Given the above and the lack of documentation, the request for physical therapy, unknown amount or frequency is not medically necessary.

**LABS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Laboratory Testing, NSAIDS Page(s): 70.

**Decision rationale:** The California Medical Treatment & Utilization Schedule guidelines recommend periodic monitoring of liver and kidney function testing for all injured workers taking long term NSAIDS. The clinical documentation submitted for review failed to provide documentation of the specific laboratory studies being requested. Given the above, the request for labs is not medically necessary.

**TENS UNIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS-TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-116.

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The clinical documentation submitted for review failed to provide documentation that other appropriate pain modalities had been trialed, including medication and had failed. The request as submitted failed to indicate the duration of use and whether the unit was for rental or purchase. Given the above, the request for TENS unit is not medically necessary.

**VOLAR AND SPICA SPLINTS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicates that the appropriate treatment for de Quervain's syndrome includes a thumb Spica splint and the treatment for carpal tunnel syndrome initially should include night splints. The documentation indicated the injured worker had objective findings to support both diagnosis. However, there was a lack of documentation indicating a necessity for both wrist and thumb splints and additional wrist splints. Given the above, the request for volar and Spica splints is not medically necessary.