

Case Number:	CM14-0219107		
Date Assigned:	01/09/2015	Date of Injury:	07/09/2013
Decision Date:	03/11/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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: Physical Medicine & Rehabilitation

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 58 year-old male, who was injured on July 9, 2013, while performing regular work duties. He injured his right wrist in a fall. The injured workers treatment has included medications, radiological imaging, surgery, and electro-diagnostic studies. Following surgical repair of the fracture which resulted from his fall, the injured worker has had complaints of numbness, tingling, and weakness of his fingers, and associated limited range of motion. The electrodiagnostic studies completed on May 21, 2014, indicated carpal tunnel syndrome with possible ulnar nerve entrapment, and bilateral chronic cervical radiculopathy. The request for authorization is for a peripheral nerve block; transcutaneous electrical nerve stimulation unit; wound care cream; and deep vein thrombosis device. The primary diagnosis is carpal tunnel syndrome. On December 23, 2014, Utilization Review non-certified the request for peripheral nerve block; transcutaneous electrical nerve stimulation unit; wound care cream; and deep vein thrombosis device, based on ACOEM, Chronic Pain Medical Treatment, and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection to the right wrist/forearm: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.aetna.com/cpb/medical/data/800_899/086.html AETNA Clinical Policy Bulletin Peripheral Nerve Blocks

Decision rationale: The patient is a 57 year old male with an injury date of 07/09/13. The patient presents with pain in the right thumb and wrist with clicking in the right elbow/forearm, severe pain and cramps in the right hand and forearm along with right hand weakness and right shoulder pain. The current request is for INJECTION TO THE RIGHT WRIST FOREARM. The 12/12/14 RFA included does not show this request. The 09/11/14 report states, "Again recommending authorization for diagnostic nerve block, posterior interosseous nerve right wrist." It is unclear if this is the request presented above. The patient is Temporarily Totally disabled x 6 weeks as of 11/20/14. MTUS and ODG do not discuss wrist/forearm injections or diagnostic nerve blocks. AETNA online policy guidelines states that "the use of peripheral nerve blocks" continuous or single injections "medically necessary for the treatment of (i) acute pain, and (ii) for chronic pain only as part of an active component of a comprehensive pain management program" The reports provided show the patient's diagnoses include: S/p right wrist impaction crush injury, Right distal radius open fracture ORIF and Right carpal tunnel syndrome. The treating physician is requesting Guyon's canal surgery, ulnar nerve decompression and Carpal tunnel release surgery in the 11/20/14 report. The most recent report provided is dated 11/20/14, and it is unknown if this surgery has been authorized. In this case, The AETNA guidelines support a peripheral nerve block as part of a comprehensive pain management program. The current request IS medically necessary.

TENS unit: 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), carpal Tunnel Syndrome (Acute & Chronic) Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The patient is a 57 year old male with an injury date of 07/09/13. The patient presents with pain in the right thumb and wrist with clicking in the right elbow/forearm, severe pain and cramps in the right hand and forearm along with right hand weakness and right shoulder pain. The current request is for TENS UNIT per the 12/12/14 RFA. The patient is temporarily Totally Disabled x 6 weeks as of 11/20/14. MTUS, TENS, chronic pain (transcutaneous electrical nerve stimulation)(p114-116) states, "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below." MTUS further states use is for neuropathic pain. The reports provided show the patient's diagnoses include: S/p right wrist impaction crush injury, Right distal radius open fracture ORIF and Right carpal tunnel syndrome. The treating physician is

requesting Guyon's canal surgery, ulnar nerve decompression and Carpal tunnel release surgery in the 11/20/14 report. The most recent report provided is dated 11/20/14, and it is unknown if this surgery has been authorized. The 11/20/14 report states this request is for post-operative care for the patient, is for purchase and is to be used 3-4 times a day in 30 minute intervals. In this case, TENS is indicated for neuropathic pain which is documented for this patient. Guidelines require a 30 day trial prior to purchase and there is no evidence in the reports provided that the patient has previously used TENS. The request IS NOT medically necessary.

Wound Care Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome (Acute & Chronic) Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Forearm, Wrist and Hand Chapter, Wound Dressings

Decision rationale: The patient is a 57 year old male with an injury date of 07/09/13. The patient presents with pain in the right thumb and wrist with clicking in the right elbow/forearm, severe pain and cramps in the right hand and forearm along with right hand weakness and right shoulder pain. The current request is for WOUND CARE CREAM per the 12/12/14 RFA. The patient is temporarily Totally Disabled x 6 weeks as of 11/20/14. MTUS does not discuss wound management. ODG, Forearm, Wrist and Hand Chapter, Wound Dressings, does not discuss wound creams. The reports provided show the patient's diagnoses include: S/p right wrist impaction crush injury, Right distal radius open fracture ORIF and Right carpal tunnel syndrome. The treating physician is requesting Guyon's canal surgery, ulnar nerve decompression and Carpal tunnel release surgery in the 11/20/14 report. The 11/30/14 report states this request is for post-operative care and the treater states, "Maintains a moist environment at the application site which allows for optimal healing." The treater also states that pain is decreased by maintaining a moist environment. In this case, the reports provided do not document that surgery has been authorized for this patient and the request does not specify exactly what type of cream has been recommended. The request IS NOT medically necessary.

Deep vein thrombosis device: 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), Carpal Tunnel Syndrome (Acute & Chronic) Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation knee chapter, Venous thrombosis

Decision rationale: The patient is a 57 year old male with an injury date of 07/09/13. The patient presents with pain in the right thumb and wrist with clicking in the right elbow/forearm, severe pain and cramps in the right hand and forearm along with right hand weakness and right shoulder pain. The current request is for DEEP VEIN THROMBOSIS DEVICE per the

12/12/14 RFA. The patient is Temporarily Totally Disabled x 6 weeks as of 11/20/14. ODG, Forearm, Wrist and Hand chapter does not discuss DVT. ODG guidelines under knee chapter does address post-operative treatments for DVT prophylaxis and states, "Risk factors include immobility, surgery and prothrombotic genetic variants. Aspirin may be the most effective choice to prevent pulmonary embolism (PE) and venous thromboembolism (VTE) in patients undergoing orthopaedic surgery, according to a new study examining a potential role for aspirin in these patients. Patients who received aspirin had a much lower use of sequential compression devices than high-risk patients, but even aspirin patients should receive sequential compression as needed. (Bozic, 2008)" The National Guidelines Clearinghouse also recommends mechanical compression devices in the lower extremities for some surgeries to decrease the incidence of thromboembolic complications. For duration of use, it recommends it from just prior to or at the beginning of surgery and continuation until the patient is fully ambulatory. The reports provided show the patient's diagnoses include: S/p right wrist impaction crush injury, Right distal radius open fracture ORIF and Right carpal tunnel syndrome. The treating physician is requesting Guyon's canal surgery, ulnar nerve decompression and Carpal tunnel release surgery in the 11/20/14 report. The 11/20/14 report states this request is for post-operative care as a preventive measure against the increased likelihood of development of VTE following surgery. The request is for purchase. In this case, guidelines do not support use of the requested device for Wrist/Forearm surgery, and the purchase of the unit indicates excessive use long after the patient becomes ambulatory. The request IS NOT medically necessary.