

Case Number:	CM15-0119541		
Date Assigned:	06/30/2015	Date of Injury:	11/04/2014
Decision Date:	08/19/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/22/2015

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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic Surgery

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 54 year old female, who sustained an industrial injury on 11/04/2014. She has reported injury to the left hand/wrist. The diagnoses have included repetitive strain injury; left carpal tunnel syndrome; left De Quervain's tenosynovitis; and possible superimposed nerve compression. Treatment to date has included medications, diagnostics, injection, and occupational therapy. A progress note from the treating physician, dated 04/09/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of the left upper extremity being very symptomatic; she is still having pain in her left arm; and she has numbness and tingling. Objective findings included positive Phalen and Tinel signs; Finkelstein test is positive and provocative testing is positive; and the EMG (electromyography) and nerve conduction studies, on 03/17/2015, are positive for carpal tunnel on the left. The treatment plan has included surgical intervention, left carpal tunnel release and left DeQuervain's release. Request is being made for cold therapy unit, indefinite use; TENS (transcutaneous electrical nerve stimulation) unit, indefinite use; wrist exercise kit; and electrodes for TENS (transcutaneous electrical nerve stimulation) unit, 3-month supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy Unit, indefinite use: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) carpal tunnel syndrome, continuous cold therapy.

Decision rationale: The patient is a 54 year old female who was certified for left carpal tunnel release and left DeQuervain's release. A request was made for a cold therapy unit, indefinite use. The Official Disability Guidelines (ODG) indicate that Continuous Cold Therapy (CCT) is recommended as an option only in the postoperative setting, with regular assessment to avoid frostbite. Postoperative use generally should be no more than seven (7) days, including home use. Passive modalities, such as heat, should be minimized in favor of active treatments. Thus, an indefinite use of a cold therapy unit would not be consistent with the guidelines suggesting only a limited use for up to 7 days. The request is not medically necessary.

TENS (transcutaneous electrical nerve stimulation) unit, indefinite use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 114-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 116 117.

Decision rationale: The patient is a 54 year old female who was certified for left carpal tunnel release and left DeQuervain's release. A request was made for use of a TENS unit post-operatively, including an indefinite use. From page 116 and 117, postoperative TENS unit indications are discussed. Recommended as a treatment option for acute post-operative pain in the first 30 days post-surgery. Transcutaneous electrical nerve stimulation (TENS) appears to be most effective for mild to moderate thoracotomy pain. (Solak, 2007) (Erdogan, 2005). It has been shown to be of lesser effect, or not at all for other orthopedic surgical procedures. (Breit, 2004) (Rosenquist 2003) The proposed necessity of the unit should be documented upon request. Rental would be preferred over purchase during this 30-day period. As the proposed necessity of the unit had not been adequately documented and that the request was to possibly exceed the 30 day use, a TENS unit should not be considered medically necessary.

Wrist exercise kit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, table 11-7.

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

Decision rationale: The patient is a 54 year old female who was certified for left carpal tunnel release and left De Quervain's release. A request was made for a wrist exercise kit. There is no specific justification made for an exercise kit, over and above instruction on a home exercise program that can be provided by postoperative physical therapy. There may be some suggestion that this is for the right wrist, but this is unclear and there is not sufficient justification for this as well, other than instruction on a home exercise program. As such, this should not be considered medically necessary.

Electrodes for TENS (transcutaneous electrical nerve stimulation) unit, 3 months supply:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page (s): 114-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 116 117.

Decision rationale: The patient is a 54 year old female who was certified for left carpal tunnel release and left De Quervain's release. A request was made for a 3-month supply of electrodes. As the TENS unit was not considered medically necessary, the electrodes would not be necessary.