

Case Number:	CM15-0125056		
Date Assigned:	07/10/2015	Date of Injury:	08/27/2011
Decision Date:	08/18/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/29/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 47 year old female, who sustained an industrial injury on 8/27/2011. Diagnoses have included impingement syndrome of the shoulder on the right with magnetic resonance imaging (MRI) showing tendinosis, wrist joint inflammation with what appears to be triangular fibrocartilage complex (TFCC) ligament injury, carpal tunnel syndrome on the right and impingement syndrome of shoulder on the left with magnetic resonance imaging (MRI) showing moderate tendinosis in June 2014 along the supraspinatus. Treatment to date has included right shoulder injection and medication. She has had bilateral carpal tunnel releases in '12. Subsequent exams have been negative for nerve dysfunction or weakness. According to the progress report dated 6/10/2015, the injured worker complained of right shoulder and right wrist pain. She had tenderness along the rotator cuff with positive impingement sign on the right. There was tenderness along the carpal tunnel as well as the palmar ulnocarpal joint. Authorization was requested for a carpal tunnel brace, transcutaneous electrical nerve stimulation (TENS) unit, electromyography (EMG)/nerve conduction velocity (NCV) of the bilateral upper extremities and a psych consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carpal tunnel brace: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: MTUS Guidelines support splinting for forearm and wrist complaints. There is reasonable documentation of a possible TFCC tear and carpal arthritis that many experience some symptomatic relief with splinting. This does not have to be a unique or special brace other than a providing a neutral position. The request for the carpal tunnel brace (neutral brace) is supported by Guidelines and is medically necessary.

TENS unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 115-117.

Decision rationale: MTUS Guideline have very specific criteria to justify the long-term use of TENS units. This includes a successful rental and home trial for 30 days. During this 30 day a successful trial has to include documentation of use frequency, amount of pain relief, functional benefits and the impact on other treatment needs i.e. medication use. The Guideline criteria have not been met and there are no unusual circumstances to justify an exception to Guidelines. The TENS unit is not medically necessary.

EMG/NCV bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome/nerve conduction studies.

Decision rationale: Guidelines do not recommend electrodiagnostic studies unless there is clinical evidence to support surgical intervention. This standard has not been met. This individual has had prior surgery and several physicians including a QME evaluator noted no ongoing weakness or objective signs of nerve dysfunction. There is no reasonable medical rationale to support success from a repeat surgery and testing would not be Guideline supported under these circumstances. The EMG/NCV bilateral upper extremities is not medically necessary.

Psych consult: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101, 102.

Decision rationale: MTUS Guidelines support psychological evaluations and possible intervention for most individuals with a chronic pain disorder. This individual meets Guideline criteria due to widespread pain problems, sleep disorder, and lack of improvement with surgical interventions. The Psych consult is supported by Guidelines in these circumstances and is medically necessary.