

Case Number:	CM15-0067675		
Date Assigned:	04/15/2015	Date of Injury:	07/09/2009
Decision Date:	05/19/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/09/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal 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 28-year-old female with an industrial injury dated 07/09/2009. Her diagnoses include carpal tunnel syndrome on the right with wrist joint inflammation status post carpal tunnel release on the right side, discogenic cervical condition with facet inflammation, impingement syndrome of the shoulder bilaterally, cervicogenic headaches, depression and anxiety. Prior treatments include surgery, transcutaneous electrical nerve stimulation (TENS) unit and medications. An Agreed Medical Examination (AME) of 1/16/15 notes that the injured worker reported that she has been off work since December 2013. It was noted at a visit in February 2015 that the injured worker was not currently working, and work restrictions were noted. Use of a right wrist brace was noted. At a visit on 03/10/2015, the injured worker reported ongoing pain on the neck and shoulder. She also describes problems with left wrist and hand. Physical exam revealed tenderness along the wrist joint and tenderness at the base of the thumb; the side examined was not specified. It was noted that the injured worker had soft and rigid braces and a small TENS unit. The physician documented that the injured worker had wrist and hand involvement on the left with probable carpal tunnel findings. The plan of treatment included diagnostics to include MRI, therapy, blood tests, stronger TENS unit, neck pillow, neck traction, soft and rigid braces for the left wrist and medication. Work status was noted as modified with restrictions. On 4/1/15, Utilization Review (UR) non-certified requests for neck pillow, neck traction with air bladder, soft and rigid braces for left wrist, and stronger TENS unit, citing the MTUS, ACOEM, and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neck Pillow (Purchase): 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter: pillow.

Decision rationale: This injured worker has chronic neck pain. The MTUS does not provide direction for the use of a cervical pillow. The Official Disability Guidelines cited above recommend a cervical pillow in combination with a daily exercise program. These guidelines refer to treatment by health professionals who teach both exercise and the appropriate use of a pillow, and go on to state that using a pillow without this specific exercise program is not effective. No exercise program was discussed for this injured worker. The pillow as prescribed, as a stand-alone treatment, is not medically necessary.

Neck Traction with Air Bladder (Purchase): 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: This injured worker has chronic neck pain. The ACOEM Guidelines 2nd Edition does not support traction for neck conditions. In Chapter 8, Page 181 cervical traction is "Not Recommended." As such, the request for Neck Traction with Air Bladder (Purchase) is not medically necessary.

Soft and Rigid Brace for Left Wrist (Purchase): Upheld

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 Official Disability Guidelines (ODG) carpal tunnel chapter: brace, splinting.

Decision rationale: The ODG notes that splinting of the wrist is recommended in neutral position at night and as needed in daytime as an option for conservative treatment for carpal tunnel syndrome. This injured worker has a diagnosis of right carpal tunnel syndrome. Documentation indicates this was treated with right carpal tunnel release and use of a right wrist

brace. The progress note of 3/10/15 notes that the injured worker had soft and rigid braces, presumably for the right wrist. On that date, the physician documented that the injured worker described problems with the left wrist and hand, and that she had wrist and hand involvement on the left with probable carpal tunnel findings. Examination was noted to show tenderness along the wrist joint and at the base of the thumb, but the examined side was not specified. It was noted that the injured worker had not had electrodiagnostic testing or imaging for the left wrist. Soft and rigid brace for left wrist were requested. The treating physician has not documented sufficient findings to support a diagnosis of left carpal tunnel syndrome. No specific examination of the left wrist was documented. Specific symptoms suggestive of carpal tunnel syndrome as described in the ODG (such as pain/numbness in the hand/wrist/forearm with altered sensation primarily in the thumb, index and middle finger, with nocturnal awakening, possible impaired dexterity and often having to shake the hand for relief) were not documented. The reason for use of both a soft and rigid brace was not provided. Due to lack of sufficient findings of left carpal tunnel syndrome, and lack of specific indication for both a soft and rigid brace, the request for Soft and Rigid Brace for Left Wrist (Purchase) is not medically necessary.

Stronger TENS Unit (Purchase): 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrotherapy Page(s): 114-121.

Decision rationale: Electrotherapy represents the therapeutic use of electricity and is a modality that can be used in the treatment of chronic pain. Transcutaneous electrical nerve stimulation (TENS) devices are the most commonly used; other devices are distinguished from TENS based on their electrical specifications. The MTUS specifies that TENS is not recommended as a primary modality but a one-month home based TENS trial may be considered if used as an adjunct to a program of evidence based functional restoration for certain conditions, including neuropathic pain, complex regional pain syndrome, phantom limb pain, spasticity in spinal cord injury, multiple sclerosis, and acute post-operative pain. A treatment plan with the specific short and long-term goals of treatment with the TENS unit should be submitted. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. It was documented that this injured worker had a small TENS unit. No short and long-term goals for use of the TENS were submitted. The documentation did not note how often the unit was used, nor was there documentation of outcomes of use of the TENS regarding pain relief and function. The reason for request of the stronger TENS unit was not provided. Given the lack of clear indications in this injured worker, and the lack of any clinical trial or treatment plan per the MTUS, a TENS unit is not medically necessary.