

Case Number:	CM15-0073262		
Date Assigned:	04/23/2015	Date of Injury:	06/24/2014
Decision Date:	06/30/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/17/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 42 year old female, who sustained an industrial/work injury on 6/24/14. She reported initial complaints of right wrist and hand pain. The injured worker was diagnosed as having right carpal tunnel syndrome and de Quervain syndrome. Treatment to date has included medication, brace and therapy. MRI results were reported on 11/11/14. Electro-myography and nerve conduction velocity test (EMG/NCV) was done on 12/4/14. Currently, the injured worker complains of numbness and pain dorsally and radially on her wrist and tingling. Per the primary physician's progress report (PR-2) on 2/16/15, exam reported pain radically in her right wrist despite wearing a brace. Phalen's, Tinel's, and Finkelstein's are positive. There is weakness with gripping. She is not working. Current plan of care included complete therapy and NSAID (non-steroid anti-inflammatory) medication. The requested treatments include associated surgical service: wrist sling - right; associated surgical service: wrist brace - right; associated surgical service: TENS (transcutaneous electrical nerve stimulation) unit for indefinite use and associated surgical service: supply of electrodes. The records indicate that a right wrist surgery was planned on 06/05/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Wrist Sling - Right, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Upper extremity.

Decision rationale: The CA MTUS and the ODG guidelines recommend that durable medical equipment and mobilization devices can be utilized for the reduction of pain, reduction in swelling or edema. Increase in range of motion and improvement in function. The records indicate that the patient had utilized wrist brace for many months without any subjective, objective or functional improvement. It was noted that wrist surgery was being planned. The criteria for associate surgical; service: Wrist Sling Right QTY 1 was not met.

Associated surgical service: Wrist Brace - Right, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical management of carpal tunnel syndrome: a 12 year review of outcomes." Feuerstein M, Burrell LM, Miller VI, Lincoln A, Huang GD, Berger R. AM J Ind Med. 1999 Mar; 35(3):232-45.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Upper Extremity.

Decision rationale: The CA MTUS and the ODG guidelines recommend that durable medical equipment and mobilization devices can be utilized for the reduction of pain, reduction in swelling or edema. increase in range of motion and improvement in function. The records indicate that the patient had utilized wrist brace for many months without any subjective, objective or functional improvement. It was noted that wrist surgery was being planned. The criteria for associate surgical; service: Wrist Brace Right QTY 1 was not met.

Associated surgical service: TENS (transcutaneous electrical nerve stimulation) unit for indefinite use: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 113-117, 121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines recommend that TENS unit can be utilized for the treatment of chronic musculoskeletal pain. The utilization of TENS can result in decreased pain, increase in range of motion and reduction in medications utilization. The

guidelines require documentation of significant beneficial effects following a supervised 1 month trial of the TENS unit use. The records did not show documentation of 1 month of supervised TENS unit utilization. The records indicate that a repeat surgical intervention was being planned. The criteria for the indefinite use of TENS unit was not met.

Associated surgical service: Supply of Electrodes (months), QTY: 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 113-117, 121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines recommend that TENS unit can be utilized for the treatment of chronic musculoskeletal pain. The utilization of TENS can result in decreased pain, increase in range of motion and reduction in medications utilization. The guidelines require documentation of significant beneficial effects following a supervised 1 month trial of the TENS unit use. The records did not show documentation of 1 month of supervised TENS unit utilization. The records indicate that a repeat surgical intervention was being planned. The criteria for the supply of Electrodes-months QTY 3 was not met.