

Case Number:	CM15-0085349		
Date Assigned:	05/07/2015	Date of Injury:	03/12/2012
Decision Date:	10/13/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/04/2015

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: Orthopedic 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 51 year old female with an industrial injury dated 03/12/2012; cumulative trauma 04/01/1993-05/29/2014 resulting in right arm pain. Her diagnoses included carpal tunnel syndrome and lateral epicondylitis of elbow. Prior treatments included injections for right carpal tunnel, diagnostics, cortisone injections to right elbow and right wrist, platelet rich plasma injection right elbow and physical therapy. According to the progress note dated 03/19/2015 she was complaining of pain in her right thumb, right pinky finger, right forearm, right elbow and right shoulder. The provider documents (04/09/2015 note) the injured worker's most recent injection into right wrist lasted for about a week. Prior injection provided 6 months of relief. The provider also notes the injured worker had physical therapy and multiple injections without improvement. She continued to be symptomatic with increasing pain at night where she wakes up several times with pain and discomfort. Prior electro diagnostic studies done on 08/26/2013 noted "minimal carpal tunnel syndrome on the right." Physical exam on 04/09/2015 revealed a positive Phalen's test, positive Durkan's test and questionably positive Tinel's. The treatment plan included a request for flexor tenosynovectomy of the right wrist and hand with carpal tunnel release, decompression of the arterial palmar arch, neurolysis of the median nerve, tenolysis of the flexor tendons of the right hand and wrist and fasciotomy of the right distal forearm antebrachial fascia. Other requests included a medical evaluation with pre-operative laboratory, x-ray, EKG and pulmonary function testing, durable medical equipment, antibiotics, pain medication, physical therapy, acupuncture and transportation to and from the outpatient surgery center.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: DVT compression pump & stockings (days) Qty: 30.00: 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)- TWC; ODG Treatment ; Integrated Treatment/ Disability Duration Guidelines , Knee and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, knee and leg section, venous thrombosis.

Decision rationale: CA MTUS/ACOEM is silent on the issue of venous duplex. According to the ODG, knee and leg section, venous thrombosis, "Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy." In this case, the exam notes from 4/9/15 do not justify a prior history or current risk of deep vein thrombosis to justify venous thromboembolic prophylaxis with a DVT compression pump and stockings. Therefore, the request is not medically necessary.

Associated surgical service: IFC Unit and supplies Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Regarding the Interferential Current Stimulation (ICS), the California MTUS Chronic Pain Medical Treatment Guidelines, Interferential Current Stimulation, pages 118-119 state, "Not recommended as an isolated intervention." There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodological issues. As there is insufficient medical evidence regarding use in this clinical scenario, the request is not medically necessary.

Associated surgical service: Smart glove Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

Decision rationale: CA MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270 states 'Two prospective randomized studies show no beneficial effect from postoperative splinting after carpal tunnel release when compared to a bulky dressing alone. In fact, splinting the wrist beyond 48 hours following CTS release may be largely detrimental, especially compared to a home therapy program.' Thus, a post-operative splint including smart glove following standard carpal tunnel release should not be considered medically necessary.

Post-op physical therapy Qty: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome.

Decision rationale: Per the CA MTUS/Post Surgical Treatment Guidelines, Carpal tunnel syndrome, page 16, 3-8 visits over a 3-month period is authorized. In this case the request of 12 visits exceeds the maximum allowable. In addition authorize the guidelines recommend initial visits with reassessment. Therefore the determination is for not medically necessary.

Post-op Acupuncture Qty: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Per the MTUS Acupuncture Medical Treatment Guidelines, pages 8 & 9. Frequency and duration of acupuncture or acupuncture with electrical stimulation maybe performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20 (ef). The guidelines specifically report 3-6 treatments initially. As the request is for 12 visits the determination is for not medically necessary.

Transportation to and from surgery center Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Department of Health Care Services Criteria Manual Chapter 12.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg Chapter, Transportation.

Decision rationale: CA MTUS/ACOEM is silent on the issue of transportation. According to the ODG, Knee and Leg Chapter, Transportation is recommended for patients with disabilities preventing them from self-transport. In this case the exam note from 4/9/15 does not demonstrate evidence of functional impairment precluding self transportation. Therefore the determination is for not medically necessary.

Associated surgical service: Micro cool (indefinite use) Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, DME items.

Decision rationale: CA MTUS/ACOEM is silent on the issue of cryotherapy for the hand. According to ODG, Forearm, Wrist and Hand, cryotherapy is not recommended. Cold packs are recommended for at home application during first few days and thereafter application of heat. As the guidelines do not recommend cryotherapy for the hand, the determination is for not medically necessary.

Associated surgical service: Home exercise kit hand/wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise.

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines, Exercise page 46 and 47 state the exercise is recommended. "There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen." As the guidelines do not recommend any particular exercise program, there is lack of medical necessity for a home exercise kit. Therefore determination is for not medically necessary.