

<b>Case Number:</b>	CM13-0009393		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	02/20/2005
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 78-year-old female with a date of injury of 02/20/2005. The listed diagnoses per [REDACTED] dated 07/23/2013 are bilateral carpal tunnel syndrome with ulnar nerve compression at the wrist, bilateral thumb CMC arthrosis, bilateral forearm tendonitis and bilateral cubital tunnel syndrome. According to report dated 07/23/2013 by [REDACTED], the patient presents with complaints of persistent pain and numbness in her hands and thumb. The examination of the upper extremities showed moderate thumb CMC tenderness on the right and slight thumb CMC tenderness on the left. Tinel's sign is positive at the cubital tunnel bilaterally. There is a positive Tinel's over the ulnar nerves at the wrist bilaterally as well. It was noted the patient continues with "classic clinical findings in diagnostic studies for bilateral carpal tunnel syndrome with ulnar nerve decompression at the wrist and thumb, CMC arthrosis." The report goes on to state that the patient has failed to respond to conservative treatment consisting of rest, splinting, medication, and therapy. The provider is requesting a right thumb CMC arthroplasty, carpal tunnel release, and ulnar nerve decompression at the wrist, interferential unit 30-day rental for bilateral upper extremities, Polar Care unit 30-day rental for bilateral upper extremities, and bilateral wrist splints. It is noted that the patient was approved for the arthroplasty and the surgery was performed on 09/23/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INTERFERENTIAL (IF) UNIT-30 DAY RENTAL FOR THE BILATERAL UPPER EXTREMITIY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Section Page(s): 118-120.

**Decision rationale:** This patient presents with persistent pain and numbness in her hands and thumbs. The provider is requesting postoperative interferential unit for a 30-day rental for the bilateral upper extremities. The California MTUS Guidelines page 118 to 120 states interferential current stimulation is 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 the studies for back pain, jaw pain, soft tissue shoulder pain, cervical pain, and post-operative knee pain." In this case, the patient does not present with any of the conditions that the IF unit has been tested against. The patient has upper extremity issues including osteoarthritis, tendinitis and CTS. It does not appear IF unit is recommended for a limited number of diagnoses as listed above. Recommendation is for denial.

**POLAR CARE UNIT (30 DAY RENTAL) FOR BILATERAL UPPER EXTREMITY:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Continuous- Flow Cryotherapy.

**Decision rationale:** This patient presents with persistent pain and numbness in her hands and thumbs. The provider is requesting a Polar Care unit rental for 30 days for bilateral upper extremities. The MTUS and ACOEM Guidelines do not discuss cold therapy unit specifically. Therefore, ODG Guidelines are referenced. ODG Guidelines has the following regarding continuous-flow cryotherapy: "Recommended as an option after surgery but not for nonsurgical treatment. Postoperative use generally may be up to 7 days including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic use. However, the effectiveness on more frequently treated acute injuries has not been fully evaluated." The California MTUS Guidelines is clear on the duration of postoperative use of continuous-flow cryotherapy. The use of Polar Care unit outside of the postoperative 7 days is not medically necessary, and recommendation is for denial.

**BILATERAL WRIST SPLINTS:** Overturned

**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 Page(s): 265.

**Decision rationale:** This patient presents with persistent pain and numbness in her hands and thumbs. The provider is requesting bilateral wrist splints. The utilization review dated 08/07/2013 denied request stating prolonged use of wrist splints may lead to disuse atrophy. For wrist splinting/bracing, ACOEM Guidelines page 265 states, "When treating with splints in CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting would be used at night and may be used during the day depending upon activity." In this case, given patient's persistent complaints of pain and diagnosis of bilateral carpal tunnel syndrome with ulnar nerve compression at the wrist, bilateral wrist splints are medically necessary, and recommendation is for approval.