

<b>Case Number:</b>	CM13-0054365		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/03/2010
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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, Indiana, Oregon  
 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:

This injured worker is a 58 year old female, who sustained an industrial injury on 09-03-2010. The injured worker was diagnosed as having paresthesia, right hand and pain - right elbow. On medical records dated 10-21-2013, the subjective complaints were noted as pain in bilateral upper extremities and were scheduled for arthroscopy surgery for subacromial decompression on 03-27-2013. Physical exam findings were noted as tenderness over the cubital tunnel on the right side and positive Durkin's tests, bilaterally at the carpal tunnels, worse on the left than on the right. Injured worker was wearing a left wrist brace for comfort. The injured worker was noted to be not working. Current medications were not listed on 10-21-2013. The Utilization Review (UR) was dated 11-12-2013. A Request for Authorization was dated 10-21-2013. The UR submitted for this medical review indicated that the request for post op purchase of the following: TENS unit with supplies, smart glove, prefabricate wrist brace and hot and cold therapy unit, purchase interferential current stimulation unit for post-operative management of the left wrist and purchase exercise kit or post-operative management of the left wrist was non- certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post op purchase of prefabricated wrist brace:** 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 Bury et al - Prospective, Randomized Trial of Splinting after Carpal Tunnel Release: Annals of Plastic Surgery July 1995 Volume 35, Issue 1.

**Decision rationale:** CA MTUS/ACOEM are silent on the issue of post-operative splinting after carpal tunnel release. ODG is silent as well. Referenced is Bury et al "Prospective, Randomized Trial of Splinting after Carpal Tunnel Release." Annals of Plastic Surgery July 1995 Volume 35, Issue 1. In this study there was no benefit of splinting compared to bulky dressing. Therefore, the request is not medically necessary.

**Post op purchase Hot and cold therapy unit:** 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) carpal tunnel.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of cryotherapy for the hand. According to ODG, Forearm, Wrist and Hand, cryotherapy is recommended for up to seven days post-operatively. The definition of DME in the same reference states that the units are typically able to be rented and used by consecutive patients. In this case the request is for purchase and is not medically necessary.

**Post op purchase tens unit with supplies:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

**Decision rationale:** According to the California MTUS Chronic Pain Medical Treatment Guideline regarding TENS, pages 113-114, chronic pain (transcutaneous electrical nerve stimulation), "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for neuropathic pain and CRPS II and for CRPS I (with basically no literature to support use). Criteria for the use of TENS: Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration. There is evidence that other appropriate pain modalities have been tried (including medication) and failed. 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; rental would be preferred over purchase during this trial. In this case there is insufficient evidence of chronic neuropathic pain from the exam notes to warrant a TENS unit. Therefore, the determination is not medically necessary.

**Purchase interferential current stimulation unit for post operative management of the left wrist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

**Decision rationale:** According to the California MTUS Chronic Pain Medical Treatment Guideline regarding TENS, pages 113-114, chronic pain (transcutaneous electrical nerve stimulation), "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for neuropathic pain and CRPS II and for CRPS I (with basically no literature to support use). Criteria for the use of TENS: Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration. There is evidence that other appropriate pain modalities have been tried (including medication) and failed. 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; rental would be preferred over purchase during this trial. In this case there is insufficient evidence of chronic neuropathic pain from the exam notes to warrant a TENS unit. Therefore the determination is not medically necessary.

**Post op purchase of smart glove:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

**Decision rationale:** According to the California MTUS Chronic Pain Medical Treatment Guideline regarding TENS, pages 113-114, chronic pain (transcutaneous electrical nerve stimulation), "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for neuropathic pain and CRPS II and for CRPS I (with basically no literature to support use). Criteria for the use of TENS: Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration. There is evidence that other appropriate pain modalities have been tried (including medication) and failed. 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; rental would be preferred over purchase during this trial. In this case there is insufficient evidence of chronic neuropathic pain from the exam notes to warrant a TENS unit. Therefore, the determination is not medically necessary.

**Purchase exercise kit for post operative management of the left wrist:** Overturned

**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) shoulder.

**Decision rationale:** CAMTUS/ACOEM is silent on the use of home exercise kits. ODG shoulder and knee are referenced. These kits are recommended as they are a low cost way of significantly improving clinical outcomes. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur. If the surgery is approved, the request for the home exercise kits is medically necessary.