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| <b>Case Number:</b>   | CM14-0202606 |                              |            |
| <b>Date Assigned:</b> | 12/15/2014   | <b>Date of Injury:</b>       | 05/01/2012 |
| <b>Decision Date:</b> | 02/10/2015   | <b>UR Denial Date:</b>       | 11/20/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/03/2014 |

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/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 48 year old male who sustained a work related injury on May 1, 2012. The diagnoses are documented as myofascial sprain of the cervical and lumbar spine, mild carpal tunnel syndrome bilateral wrists, ulnar neuropathy right elbow, and impingement syndrome of right shoulder with slap stick tear repair. A right shoulder arthroscopy was performed on February 2, 2014. There is a pending request for bilateral carpal tunnel release surgery. The injured worker returns for evaluation according to the September 3 2014 medical report with increasing numbness of the bilateral wrists and increased dropping of items. The objective report of the bilateral wrists noted flexion 60 degrees, extension 60 degrees, radial deviation 30 degrees and ulnar deviation 20 degrees. Bilateral elbows noted flexion 140 degrees, extension 0, pronation 80 degrees, supination 70 degrees and positive Tinsels. On October 1 2014, [REDACTED] noted objective findings of right wrist flexion and extension 60 degrees, radial deviation 20, ulnar deviation 30, positive Tinsel, no change in pronation or supination; left wrist was documented as flexion and extension 60 degrees, radial deviation 20 degrees and ulnar deviation 35 degrees with positive Tinsels and Phalens, pronation and supination at 70 degrees. The latest electromyography result from April 10, 2013 was consistent with mild carpal tunnel syndrome, and evidence of a right ulnar neuropathy at the elbow affecting motor components and distal symmetric polyneuropathy affecting the upper and lower extremities according to the medical report on May 20, 2014. The treatment plan to date consists of transcutaneous electrical nerve stimulation (TENS) with little relief, physical therapy right shoulder, chiropractic therapy, acupuncture, and medication. The injured worker remains on modified work restrictions. The medications are Norco, omeprazole and Naproxen. The treating physician has requested authorization for a Micro Z plus supplies times 3 months (rental) for bilateral wrists. On November 20, 2014 the Utilization Review certification for the Micro Z plus supplies times 3

months (rental) for bilateral wrists was denied. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines on transcutaneous electrotherapy galvanic stimulation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Micro Z plus supplies x3 months rental for bilateral wrists:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Upper Extremity Wrist.

**Decision rationale:** The CA MTUS / ACOEM and the ODG guidelines recommend that transcutaneous electrical stimulation therapy can be utilized for the relief of chronic musculoskeletal pain. The potential beneficial effects of the use of electrical stimulatory therapy include reduction in medication utilization, relief in pain and increase in range of motion. The records indicate that the patient reported that the most severe pain is located in the neck and shoulder areas not the wrist. The patient is diagnosed with pain located in multiple joints that is controlled with medications management. There was no significant pain relief with the PT, chiropractic treatment, acupuncture and the use of TENS unit. The criteria for the use of Micro-Z Plus with supplies X 3 months rental was not met.