

<b>Case Number:</b>	CM14-0217461		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	04/02/2013
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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. 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: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

44 year old right-handed female social worker injured her left wrist at work on 21 Apr 2013. She has been diagnosed with multiple ganglion cyst left wrist and tenosynovitis of left wrist. Comorbid conditions include hypertension. On her provider evaluation on 3 Dec 2014 she complained of continued locking and catching in her left wrist. Left wrist exam showed global tenderness of the wrist with a palpable loose body. Xrays of left wrist showed a loose body. Electromyogram and nerve conduction velocity studies (30 Sep 2014) were consistent with acute and chronic left C6 radiculopathy. Treatment has included surgery (surgical excision of ganglion of left wrist [25 Jun 2013], left wrist arthroscopy with removal of loose body), physical therapy, hot packs, left wrist brace, cortisone injection and medications (Norco, Naprosyn, ibuprofen, diclofenac, pantoprazole, omeprazole, Flexeril, ophenadrine).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold therapy unit purchase:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Chp 3 pg 44, 48-9; Chp 11 pg 264-5, Chronic Pain Treatment Guidelines Post-surgical treatment guide for forearm and wrist, physical medicine Page(s): 18, 98-99.

**Decision rationale:** Cold therapy is a passive therapy involving placement of cold objects, usually an ice pack or cold producing machine-based compress, and is commonly used for control of pain and inflammation after an acute musculoskeletal injury or surgical procedure. Typically the cold is applied repeatedly for the first few days after the injury or surgery then alternated with heat packs after that. This therapy helps ameliorate the symptoms and facilitates mobility. The MTUS recommends this therapy only during the acute phase of treatment and notes that active therapies aimed at improving mobility and lessening pain have better outcomes than passive therapies. It does not differentiate which type of cold pack or compress should be used. This patient had surgery to her wrist. Use of cold therapy in the acute post-surgical period would be an appropriate adjunct to other active therapies, such as physical therapy, to improve the surgical outcome. In this case medical necessity has been established.

**IF unit one month rental:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Chp 3 pg 48-9; Chp 11 pg 265, Chronic Pain Treatment Guidelines Transcutaneous Electrical Stimulation Page(s): 114-120.

**Decision rationale:** IF (Inferential Stimulator) units are transcutaneous electrical nerve stimulation (TENS) units that use electric current produced by a device placed on the skin to stimulate the underlying nerves and which can result in lowering acute or chronic pain. It differs from other TENS units in that it modulates a TENS pulse at a higher wavelength. This presumably reduces the capacitance of skin and allows deeper penetration of the electrical currents into the skin. However, there is a lot of conflicting evidence for use of TENS and the MTUS specifically notes that IF therapy is not recommended as an isolated therapy. The MTUS does recommend TENS therapy during the first 30 days of the acute post-surgical period although it notes that its effectiveness for orthopedic surgical procedures is not well supported by the literature. The request for use on an IF unit in this patient is during the immediate post-surgical period and in conjunction with other therapies. This meets the criteria required for its use. Thus medical necessity for this therapy has been established.

**Post operative physical therapy: three (3) times a week for four weeks:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 3 Initial Approaches to Treatment Page(s): Chp 3 pg 48-9, Chp 11 pg

257-60, 264-6, 270-1, Chronic Pain Treatment Guidelines Postsurgical treatment guidelines for ganglion and cyst of synovium, tendon or bursa of wrist;.

**Decision rationale:** Therapy can be active or passive. Physical therapy is an active therapy directed towards specific goals of improving mobility and function while decreasing pain. It is done both in the Physical Therapist's office and at home and is more likely to result in a return to functional activities than passive therapies. With goal directed physical therapy the resultant benefit after wrist synovium, tendon or bursa surgery, as specified in the MTUS, should be apparent by 18 sessions within the 6 weeks post-surgery period. The sessions are commonly divided into 3 sessions per week for 6 weeks. The provider's request for physical therapy follows this guideline.