MAXIMUS Federal Services

| Case Number: | CM15-0109569 | | |
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| Date Assigned: | 06/16/2015 | Date of Injury: | 02/20/2014 |
| Decision Date: | 08/31/2015 | UR Denial Date: | 05/13/2015 |
| Priority: | Standard | Application Received: | 06/08/2015 |

## 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: Physical Medicine & Rehabilitation

## 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 52 year old male who sustained an industrial injury on 2/20/14to his right elbow and right forearm from a cumulative trauma involving repetitive motion. He has had multiple injuries and surgeries to his foot, back, right knee and wrists/ hands in the past. He currently complains of persistent pain and discomfort in the right elbow with numbness and pins and needles in the fingers of the right hand. His pain level is 7-8/10. On physical exam there was a positive Tinel's test of the right wrist/elbow. Diagnoses include bilateral recurrent moderate to severe carpal tunnel syndrome, right greater than left; right ulnar nerve entrapment across the wrist; bilateral, chronic C5 radiculopathy. Treatments to date include cortisone injection into the ulnar nerve. Due to the development of cubital tunnel syndrome and elements of cervical radiculopathy he had an electromyography/ nerve conduction study of the upper extremities (8/5/14) which were consistent with bilateral moderate to severe carpal tunnel syndrome, bilateral chronic cervical radiculopathy and right ulnar nerve entrapment across the wrist. Other diagnostics included MRI of the cervical spine (9/2/14) which revealed neural foraminal narrowing. On 5/13/15 Utilization review evaluated the requests cold therapy unit; X-Force transcutaneous electrical nerve stimulator unit; half wrap purchase; conduction garment all retrospective to 4/16/15.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Q-Tech Cold Therapy Unit - Rental 21 Days DOS 4/16/15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Procedure.

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

**Decision rationale:** The patient was injured on 02/20/14 and presents with pain/discomfort in his right elbow which he describes as burning in nature with numbness/pins/needle-like sensations in the fingers of the right hand. The retrospective request is for Q-Tech cold therapy unit- rental 21 days (DOS 04/16/15). There is no RFA provided and the patient is "to continue working light duty and refrain from range qualification activities." There is only one report provided from 12/04/14 and the report with the request is not provided. The utilization review letter states that the patient "is scheduled for right carpal tunnel release, right Guyon's canal release, and ulnar nerve decompression at the elbow on 04/16/15." ODG Elbow chapter does not discuss post-operative Cold therapy, though ODG guidelines, Shoulder Chapter, under Continuous-flow cryotherapy states the following regarding postoperative cold therapy units: "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 usage; however, the effect on more frequently treated acute injuries -eg, muscle strains and contusions - has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. Complications related to cryotherapy are extremely rare but can be devastating." The patient has a positive Tinel's test for the right wrist/elbow and is diagnosed with bilateral recurrent moderate to severe carpal tunnel syndrome, right greater than left; right ulnar nerve entrapment across the wrist; bilateral, chronic C5 radiculopathy. Treatments to date include cortisone injection into the ulnar nerve. Neither the report with the request nor the reason for the request is provided. Although the patient is scheduled for right carpal tunnel release, right Guyon's canal release, and ulnar nerve decompression at the elbow on 04/16/15, the specified 21 day duration exceeds guideline recommendations of 7 day post-operative use. Therefore, the request is not medically necessary.

**Retro X-Force Stim Unit 30 Day Rental, 3 Month Supplies DOS 4/16/15:** 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).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

**Decision rationale:** The patient was injured on 02/20/14 and presents with pain/discomfort in his right elbow which he describes as burning in nature with numbness/pins/needle-like sensations in the fingers of the right hand. The retrospective request is for X-Force stim unit 30

day rental, 3 month supplies (DOS 04/16/15). The utilization review denial rationale is that "there is no evidence that more complicated cold therapy units will provide any additional benefit over conventional ice packs." There is no RFA provided and the patient is "to continue working light duty and refrain from range qualification activities." There is only one report provided from 12/04/14 and the report with the request is not provided. The utilization review letter states that the patient "is scheduled for right carpal tunnel release, right Guyon's canal release, and ulnar nerve decompression at the elbow on 04/16/15." The X-Force Stimulator is a proprietary device that utilizes a unique electrical signal to deliver monophasic, peaked impulses directly to the joint. The device is a dual modality unit, offering TEJS and TENS functions that both use electrical stimulation to combat pain found in the joint capsule. The X-Force Stimulator is a non-invasive, non-addictive form of therapy used to help relieve the symptoms caused by arthritis and other joint conditions. The MTUS guidelines are silent on X-force stimulators. However, MTUS Chronic Pain Management Guidelines page 116 states that TENS unit have not proven efficacy in treating chronic pain and is not recommend as a primary treatment modality, but a 1-month home-based trial may be considered for a specific diagnosis of neuropathy, CRPS, spasticity, a phantom limb pain, and multiple sclerosis. When a TENS unit is indicated, a 30-day home trial is recommended, and with the documentation of functional improvement, additional usage maybe indicated. The patient has a positive Tinel's test for the right wrist/elbow and is diagnosed with bilateral recurrent moderate to severe carpal tunnel syndrome, right greater than left; right ulnar nerve entrapment across the wrist; bilateral, chronic C5 radiculopathy. Treatments to date include cortisone injection into the ulnar nerve. Neither the report with the request nor the reason for the request is provided. Review of the reports provided does not indicate if the patient has had any prior TENS unit use. The patient presents with neuropathic pain and appears to be a candidate for a TENS unit trial. However, there is no evidence that the requested X-Force combo unit is any superior to conventional TENS units. It is not clear why the treater is requesting for 3 months supply for a 30 day trial of the X-Force Stimulation Unit. Therefore, the current request is not medically necessary.

**Retro Half Wrap-Purchase DOS 4/16/15:** Upheld

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

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

**Decision rationale:** The patient was injured on 02/20/14 and presents with pain/discomfort in his right elbow which he describes as burning in nature with numbness/pins/needle-like sensations in the fingers of the right hand. The retrospective request is for half wrap-purchase (DOS 04/16/15). There is no RFA provided and the patient is "to continue working light duty and refrain from range qualification activities." There is only one report provided from 12/04/14 and the report with the request is not provided. ODG Elbow chapter does not discuss post-operative Cold therapy, though ODG guidelines, Shoulder Chapter, under Continuous-flow cryotherapy states the following regarding postoperative cold therapy units: "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 usage; however, the effect on more frequently treated acute injuries -eg, muscle strains and contusions -has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. Complications related to cryotherapy are extremely rare but can be devastating." The patient has a positive Tinel's test for the right wrist/elbow and is diagnosed with bilateral recurrent moderate to severe carpal tunnel syndrome, right greater than left; right ulnar nerve entrapment across the wrist; bilateral, chronic C5 radiculopathy. Treatments to date include cortisone injection into the ulnar nerve. Neither the report with the request nor the reason for the request is provided. In this case, the half-wrap purchase is intended to facilitate delivery of the cold therapy unit. Given that the patient has not met the indication for a cold therapy unit, the requested half-wrap purchase is not medically necessary.

**Retro Conductive Garment (2) DOS 4/16/15:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Form-fitting TENS device Page(s): 75.

**Decision rationale:** The patient was injured on 02/20/14 and presents with pain/discomfort in his right elbow which he describes as burning in nature with numbness/pins/needle-like sensations in the fingers of the right hand. The retrospective request is for conductive garment (2) (DOS 04/16/15). There is no RFA provided and the patient is "to continue working light duty and refrain from range qualification activities." There is only one report provided from 12/04/14 and the report with the request is not provided. MTUS Chronic Pain Medical Management Guidelines, page 75 states: "Form-fitting TENS device: This is only considered medically necessary when there is documentation that there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment, that the patient has medical conditions (such as skin pathology) that prevents the use of the traditional system, or the TENS unit is to be used under a c a s t (as in treatment for disuse atrophy)." The patient has a positive Tinel's test for the right wrist/elbow and is diagnosed with bilateral recurrent moderate to severe carpal tunnel syndrome, right greater than left; right ulnar nerve entrapment across the wrist; bilateral, chronic C5 radiculopathy. Treatments to date include cortisone injection into the ulnar nerve. In regards to the request for a conductive garment for the patient's X-Force Stimulation Unit, the treater has not provided a reason for the request. MTUS does recommend so called "form-fitting" garments, which allow use of a TENS unit in cases where a patient cannot tolerate traditional electrodes. However, there is no indication from the records provided that the patient is unable to tolerate traditional electrodes, nor that the patient has a skin disorder which prevents use of the traditional system. Furthermore, the requested X-Force Stimulation Unit is not deemed medically reasonable. Therefore, this request is not medically necessary either.