

<b>Case Number:</b>	CM15-0134247		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	05/30/2012
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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 47 year old female, who sustained an industrial injury on 5/30/2012. She reported developing neck pain and upper extremity strain from repeated activity injury. Diagnoses include wrist/forearm pain and carpal tunnel syndrome. Treatments to date include medication therapy, topical medication, and carpal tunnel steroid injection. Currently, she complained of right arm and hand pain and paresthesia in the hands. On 6/1/15, the physical examination documented decreased range of motion and pain with motion. There was swelling noted in the wrist and a positive Finkelstein's test. The plan of care included a cock-up wrist brace for the left wrist to be worn at night; a TENS unit; eighteen (18) occupational therapy sessions; and a follow up visit in six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable medical equipment (DME) left wrist hand orthosis (WHO), cock-up wrist extension wrist brace:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264, 265.

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

**Decision rationale:** The patient was injured on 05/30/12 and presents with right arm and hand pain. The request is for a DME left wrist hand orthosis (who), cock-up wrist extension wrist brace to be worn on the left wrist at night. The RFA is dated 06/11/15 and the patient's current work status is not provided. ACOEM Guidelines, Chapter 11, page 265 states, "When treating with a splint in CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night, may be used during the day, depending upon activity". ODG, Wrist Chapter, and Splinting, states: "Recommend splinting of wrist in neutral position at night & day prn, as an option in conservative treatment". The patient has a decreased range of motion, pain with motion, swelling noted in the wrist, and a positive Finkelstein's test. She is diagnosed with wrist/forearm pain and carpal tunnel syndrome. Treatment to date includes medication therapy, topical medication, and carpal tunnel steroid injection. ACOEM supports the use of braces or splints in patients with carpal tunnel syndrome, which this patient is diagnosed with. Given the patient's pain symptoms and diagnosis, the request appears to be reasonable. The request IS medically necessary.

**Durable medical equipment (DME) transcutaneous electrical nerve stimulation (TENS) unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation); Criteria for the use of TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Chronic Pain Page(s): 116.

**Decision rationale:** The patient was injured on 05/30/12 and presents with right arm and hand pain. The request is for a DME Tens Unit. The RFA is dated 06/09/15 and the patient's current work status is not provided. Review of the reports provided does not indicate if the patient has had used the TENS Unit prior to this request. MTUS Guidelines, TENS Chronic Pain (Transcutaneous Electrical Nerve Stimulation), 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 decreased range of motion, pain with motion, swelling noted in the wrist, and a positive Finkelstein's test. She is diagnosed with wrist/forearm pain and carpal tunnel syndrome. Treatment to date includes medication therapy, topical medication, and carpal tunnel steroid injection. In this case, there is no mention of the patient previously using the TENS unit for a 1-month trial as required by MTUS guidelines. There are no discussions regarding any outcomes for pain relief and function. A trial of TENS may be reasonable. However, it is unclear if the treater is requesting for a one-month trial or a purchase. Therefore, the request IS NOT medically necessary.

**Occupational therapy with tissue massage and median nerve mobilization (18 visits):**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

**Decision rationale:** The patient was injured on 05/30/12 and presents with right arm and hand pain. The request is for 18 sessions of Occupational therapy with tissue massage and media nerve mobilization. The RFA is dated 06/09/15 and the patient's current work status is not provided. Review of the reports provided does not indicate if the patient has had prior physical therapy. MTUS Guidelines, Physical Medicine, pages 98 and 99 have the following: "Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. MTUS Guidelines, Massage Therapy, page 60 states: "Recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases." The patient has a decreased range of motion, pain with motion, swelling noted in the wrist, and a positive Finkelstein's test. She is diagnosed with wrist/forearm pain and carpal tunnel syndrome. Treatment to date includes medication therapy, topical medication, and carpal tunnel steroid injection. There is no indication of why the patient is unable to establish a home exercise program to manage her pain and no recent surgeries are documented. Given that the patient has not had any recent therapy, a course of therapy may be reasonable to help with chronic pain and the patient's decline in function. However, the requested 18 sessions of therapy exceeds what is allowed by MTUS guidelines. The requested 18 sessions of therapy IS NOT medically necessary.

**Follow up in 6 weeks:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Office visits.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines introduction Page(s): 8.

**Decision rationale:** The patient was injured on 05/30/12 and presents with right arm and hand pain. The request is for a FOLLOW UP IN SIX WEEKS. The RFA is dated 06/11/15. The patient has a decreased range of motion, pain with motion, swelling noted in the wrist, and a positive Finkelstein's test. She is diagnosed with wrist/forearm pain and carpal tunnel syndrome. Treatment to date includes medication therapy, topical medication, and carpal tunnel steroid injection. Patient's current work status is not provided. Regarding follow-up visits, MTUS guidelines page 8 under Pain Outcomes and Endpoints has the following: "The physician treating

in the workers' compensation system must be aware that just because an injured worker has reached a permanent and stationary status or maximal medical improvement does not mean that they are no longer entitled to future medical care. The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities." The reason for the request is not provided. It appears that the treating physician is requesting a follow-up visit to monitor this patient's continuing right arm and hand pain. While MTUS does not explicitly state how many follow-up visits are considered appropriate, regular follow up visits are an appropriate measure, and the provider is justified in seeking re-assessments to monitor this patient's condition. Therefore, the request IS medically necessary.