

<b>Case Number:</b>	CM15-0028108		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	10/31/2013
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 43 year old male who sustained an industrial injury on 10/31/13 involving a crushing injury to his left hand. He currently complains of left wrist pain with pain intensity of 5/10 and has remained unchanged; left shoulder weakness and painful clicking sensation. Medications were not specifically mentioned. Diagnoses include contusion of the wrist/ hand; forearm joint pain; sprain/ strain of the wrist, enthesopathy wrist; status post left wrist surgery/ left carpal tunnel release (1/7/15). Treatments to date include steroid injection (6/23/14) was not helpful and medications. Diagnostics include left wrist MRI (3/26/14) revealing subchondral cyst formation; electromyography/nerve conduction study (6/5/14) which was abnormal; shoulder x-rays, no date or result noted. In the progress noted dated 1/26/15 indicates suture removal and to begin physical therapy. There was no request mentioned for motorized cold therapy unit, transcutaneous electrical nerve stimulator unit or arm sling.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Request for 1 Purchase of a motorized code therapy unit: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Carpal Tunnel Syndrome (Acute & Chronic), Continuous Cold therapy (CCT).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder, Continuous Flow Cryotherapy.

**Decision rationale:** While a continuous flow cryotherapy unit has been shown to decrease pain, swelling, inflammation, and postoperative pain usage for the shoulder and knee it is unclear why these devices needed for a carpal tunnel release and first dorsal compartment release. Additionally, usage of such a device is only recommended for up to seven days after surgery. For these reasons, this request for the purchase of a motorized cold therapy unit is not medically necessary.

**Request for 1 purchase of a TENS unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Carpal Tunnel Syndrome (Acute & Chronic) use of transcutaneous electrical neurostimulation (TENS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-117.

**Decision rationale:** The California MTUS guidelines indicates that the use of a TENS unit may be used for postoperative pain but is best for mild to moderate thoracotomy pain. It has a lesser effect or not at all for other orthopedic procedures. The injured employee's status post a left carpal tunnel release and first dorsal compartment release. Considering the guideline recommendations, this request for the purchase of a TENS unit is not medically necessary.

**Request for 1 purchase of an arm sling:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder, Postoperative Swing.

**Decision rationale:** It is unclear why there is a request for a sling for the postoperative use of a carpal tunnel release and a first dorsal compartment release. There is no need for support for immobilization of the shoulder after this procedure and the use of a sling can increase joint stiffness. As such, this request for the purchase of an arm sling is not medically necessary.