

<b>Case Number:</b>	CM15-0042081		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	05/01/2013
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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:

The injured worker is a 33 year old female, who sustained an industrial injury on 5/01/2013, as a result of continuous trauma. The injured worker was diagnosed as having carpal tunnel syndrome and tendinitis. Treatment to date has included conservative measures, including diagnostics, medications, and injections. Currently, the injured worker complains of pain in her right wrist, thumb, and forearm. She also had weakness and pain in her left wrist, thumb, and forearm. Objective findings included positive Tinel's and Phalen tests and volar tenderness in both wrists, with decreased sensation. Electromyogram/Nerve Conduction studies (1/29/2014) were referenced as showing borderline carpal tunnel syndrome (report included). Magnetic resonance imaging of the bilateral wrists did not show evidence of carpal tunnel syndrome. An orthopedic evaluation, dated 12/02/2014, noted complaints of pain, numbness, and tingling of the hands, bilaterally. She also had pain in the thumbs, elbows, shoulders, and hands. Physical exam noted mild thenar atrophy and positive compression test bilaterally. Phalen's and Tinel's signs were positive bilaterally, more on the right. Wrist range of motion was within normal limits. Grip strength was documented. A recommendation was noted for right carpal tunnel release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS Unit.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; TENS to the forearm, wrist and hand is not recommended, etc. See the guidelines for additional details. In this case, the injured worker is scheduled for right carpal tunnel release surgery. The TENS unit is requested for the post operative. TENS to the forearm, wrist and hand is not recommended. Consequently, absent clinical recommendations for TENS unit application to the postoperative site, TENS unit is not medically necessary.

**3 month supply of electrodes:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS Unit.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, three-month supply of electrodes is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; TENS to the forearm wrist and hand is not recommended, etc. See the guidelines for additional details. In this case, the injured worker is scheduled for right carpal

tunnel release surgery. The TENS unit is requested for the post operative. TENS to the forearm, wrist and hand is not recommended. Consequently, absent clinical recommendations for TENS unit application to the postoperative site, TENS unit is not medically necessary. The guidelines indicate a TENS unit is not medically necessary and, as a result, a three month supply of electrodes is not medically necessary.

**Cold 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 (ODG).

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, cold therapy unit is not medically necessary. Continuous flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use may be for up to seven days, including home use. In the post operative setting, continuous flow cryotherapy units have been proven to decrease pain, inflammation, swelling and narcotic use; however, the effect on more frequently treated acute injuries has not been fully evaluated. In this case, the injured worker is scheduled for right carpal tunnel release surgery. The request for authorization has a request for a cold therapy unit. The documentation in the December 2, 2014 progress note does not contain an entry for a cold therapy unit nor is there a clinical indication or rationale for the unit. Additionally, the request is not specific as to whether continuous cold therapy unit is to be applied or whether continuous flow cryotherapy unit is requested. Consequently, absent documentation with a specific cold therapy unit and documentation with the clinical indication rationale to support that unit, cold therapy unit is not medically necessary.