

<b>Case Number:</b>	CM15-0050901		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	01/07/2010
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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 32-year-old female who reported an injury on 01/07/2010. The mechanism of injury was continuous use of the wrist while working as a custodian. The injured worker's diagnoses include discogenic cervical condition with facet inflammation; bilateral shoulder impingement; rotator cuff strain; bicipital tendinitis; AC joint inflammation; medial greater than lateral epicondylitis bilaterally, although not to stretch or resisted function. There is also carpal tunnel on the left with wrist joint inflammation bilaterally. Diagnostic studies include an EMG and NCS on 06/23/2014. There was no surgical history provided. The injured worker has previously had physical therapy, chiropractic treatment, a TENS unit, and medications. The injured worker also received wrist injections. The clinical note from 03/19/2015 notes that the injured worker has severe pain. There is neck pain that is shooting down to the elbow and fingers with numbness, tingling, and weakness. There has been swelling recently. The physical exam noted that the injured worker had tenderness in the cervical paraspinal muscles, trapezius, and shoulder girdle. There was cervical flexion of 40 degrees, extension 50 degrees, and lateral tilting was less than 25 degrees bilaterally. There was pain in both elbows with the medial greater than lateral epicondyle with positive Tinel's at the elbows, as well as tenderness along the wrist. The treatment plan was for the injured worker to start physical therapy to reduce pain, as well as to receive cervical traction with bladder, cervical pillow, conductive garment for the hands, medications, wrist bracing, and cortisone injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable medical equipment (DME) conductive garment for hands #1: Upheld**

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

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

**Decision rationale:** The injured worker has severe pain in the neck that shoots down to the elbow and fingers with numbness, tingling, and weakness. There has been swelling. The injured worker also has tenderness along the cervical paraspinal muscles, trapezius, and shoulder girdle. There is decreased range of motion with pain in the elbows, medial greater than lateral epicondyle, as well as a positive Tinel's at the elbow and tenderness along the wrist. There is swelling of the forearm and dorsum of the wrist bilaterally. The injured worker is to start physical therapy, as well as starting Flexeril, hot and cold wraps, and a TENS unit. The California Medical Treatment Guidelines note that a form fitting TENS device is only considered medically necessary when there is documentation that there is such a large area that requires stimulation that conventional system is not able to be accommodated or the patient has medical conditions that prevent the use of a traditional symptoms. There was no documentation provided that there is a large area that requires stimulation and that a conventional TENS system is not able to accommodate the treatment. Therefore, the request for durable medical equipment conductive garment for hands #1 is not medically necessary.

**Durable medical equipment (DME) carpal tunnel (CT) rigid brace, right and left #2: 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-TWC), Carpal Tunnel Syndrome.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264.

**Decision rationale:** The injured worker has severe pain in the neck that shoots down to the elbow and fingers with numbness, tingling, and weakness. There has been swelling. The injured worker also has tenderness along the cervical paraspinal muscles, trapezius, and shoulder girdle. There is decreased range of motion with pain in the elbows, medial greater than lateral epicondyle, as well as a positive Tinel's at the elbow and tenderness along the wrist. There is swelling of the forearm and dorsum of the wrist bilaterally. The injured worker is to start physical therapy, as well as starting Flexeril, hot and cold wraps, and a TENS unit. The clinical note from 10/24/2014 notes that the injured worker was wearing night splints. The California Medical Treatment Utilization Schedule/ACOEM notes that initial treatment of carpal tunnel syndrome includes night splints and day splints, considered for patient comfort as needed to reduce pain, along with work modifications. The use of splinting would be supported; however,

the injured worker has already received braces that are being utilized since 10/2014. Therefore, the request for durable medical equipment carpal tunnel rigid brace, right and left is not medically necessary.

**Durable medical equipment (DME) carpal tunnel (CT) soft brace, right and left #2: 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-TWC), Carpal Tunnel Syndrome.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264.

**Decision rationale:** The injured worker has severe pain in the neck that shoots down to the elbow and fingers with numbness, tingling, and weakness. There has been swelling. The injured worker also has tenderness along the cervical paraspinal muscles, trapezius, and shoulder girdle. There is decreased range of motion with pain in the elbows, medial greater than lateral epicondyle, as well as a positive Tinel's at the elbow and tenderness along the wrist. There is swelling of the forearm and dorsum of the wrist bilaterally. The injured worker is to start physical therapy, as well as starting Flexeril, hot and cold wraps, and a TENS unit. The clinical note from 10/24/2014 notes that the injured worker was wearing night splints. The California Medical Treatment Utilization Schedule/ACOEM notes that initial treatment of carpal tunnel syndrome includes night splints and day splints, considered for patient comfort as needed to reduce pain, along with work modifications. The use of splinting would be supported; however, the injured worker has already received braces that are being utilized since 10/2014. Therefore, the request for durable medical equipment carpal tunnel soft brace, right and left is not medically necessary.

**Durable medical equipment (DME) cervical traction with air bladder #1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back, Traction.

**Decision rationale:** The injured worker has severe pain in the neck that shoots down to the elbow and fingers with numbness, tingling, and weakness. There has been swelling. The injured worker also has tenderness along the cervical paraspinal muscles, trapezius, and shoulder girdle. There is decreased range of motion with pain in the elbows, medial greater than lateral epicondyle, as well as a positive Tinel's at the elbow and tenderness along the wrist. There is swelling of the forearm and dorsum of the wrist bilaterally. The injured worker is to start physical therapy, as well as starting Flexeril, hot and cold wraps, and a TENS unit. The Official Disability Guidelines recommend traction for patients with radicular symptoms in conjunction with a home exercise program. There is no documentation of the patient having any cervical

radicular symptoms on the objective findings. There is also no documentation that the injured worker is completing a home exercise program. Therefore, the request for cervical traction with air bladder is not medically necessary.

**Durable medical equipment (DME) cervical pillow #1: 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 Official Disability Guidelines (ODG) Neck and Upper back, Pillow.

**Decision rationale:** The injured worker has severe pain in the neck that shoots down to the elbow and fingers with numbness, tingling, and weakness. There has been swelling. The injured worker also has tenderness along the cervical paraspinal muscles, trapezius, and shoulder girdle. There is decreased range of motion with pain in the elbows, medial greater than lateral epicondyle, as well as a positive Tinel's at the elbow and tenderness along the wrist. There is swelling of the forearm and dorsum of the wrist bilaterally. The injured worker is to start physical therapy, as well as starting Flexeril, hot and cold wraps, and a TENS unit. The Official Disability Guidelines recommend the use of a neck pillow for support while sleeping in conjunction with daily exercise. The injured worker should be taught exercises, as well as appropriate use of a neck pillow support during sleep. There is no documentation that the injured worker is completing daily neck exercises. There is also no documentation provided that the injured worker has been taught how to appropriately use a neck support pillow for sleep. Therefore, the request for a DME cervical pillow is not medically necessary.

**Tramadol extended release (ER) 150mg #30: 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 Opioids Page(s): 76-94.

**Decision rationale:** The injured worker has severe pain in the neck that shoots down to the elbow and fingers with numbness, tingling, and weakness. There has been swelling. The injured worker also has tenderness along the cervical paraspinal muscles, trapezius, and shoulder girdle. There is decreased range of motion with pain in the elbows, medial greater than lateral epicondyle, as well as a positive Tinel's at the elbow and tenderness along the wrist. There is swelling of the forearm and dorsum of the wrist bilaterally. The injured worker is to start physical therapy, as well as starting Flexeril, hot and cold wraps, and a TENS unit. The clinical note from 02/18/2015 notes the injured worker has improved pain with NSAID medication, chiropractic treatment, and hot tub/sauna. The note from 12/05/2014 notes the injured worker was taking naproxen, Flexeril, and Prilosec on a regular basis which relieved the effects of her industrial injury and allows her to function at her current level. The California Medical

Treatment Guidelines notes that a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. There is no documentation noted of why these medications are no longer providing relief for the injured worker. Therefore, the request for tramadol extended release 150 mg #30 is not medically necessary.