

<b>Case Number:</b>	CM15-0236294		
<b>Date Assigned:</b>	12/11/2015	<b>Date of Injury:</b>	08/20/2010
<b>Decision Date:</b>	01/20/2016	<b>UR Denial Date:</b>	11/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 38-year-old who has filed a claim for chronic elbow and wrist pain reportedly associated with an industrial injury of August 20, 2010. In a Utilization Review report dated November 23, 2015, the claims administrator failed to approve requests for a soft brace and a 4-lead TENS unit with associated conductive garment. The claims administrator referenced a November 11, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an RFA form dated November 11, 2015, a 4-lead TENS unit, tramadol, a carpal tunnel brace, and an unspecified soft brace were all seemingly sought. On an associated progress note of November 11, 2015, the treating provider noted that the applicant was off of work in one section of the note. The treating provider suggested that the applicant was off of work owing to a separate Worker's Compensation claim. The applicant had co-morbidities including diabetes and hypertension, the treating provider reported. A 4-lead TENS unit, tramadol, a carpal tunnel brace, soft braces, and laboratory testing were all seemingly sought. The applicant was described as having bilateral carpal tunnel release status post right carpal tunnel release surgery, the treating provide reported. The attending provider stated that "numbness and tingling is not an issue on the left but still somewhat noticeable on the right." The treating provider then stated, in another section of the note, that the applicant had had left and right carpal tunnel release surgeries which preceded the industrial injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soft Brace (Bilaterally): 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 Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** No, the request for bilateral soft wrist braces was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, page 270, splinting of the wrist beyond 48 hours following carpal tunnel release surgery may be "largely detrimental." Here, the attending provider failed to furnish a clear or compelling rationale for continued splinting of the seemingly asymptomatic left wrist as of the November 11, 2015 office visit in question. The attending provider stated toward the top of the note that numbness and tingling were no longer an issue on the left wrist status post earlier left carpal tunnel release surgery. Continued splinting of the seemingly asymptomatic left wrist, thus, was at odds with the MTUS Guideline in ACOEM Chapter 11, page 270. Therefore, the request was not medically necessary.

**4 Lead TENS Unit with Conductive Garment: 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 Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** Similarly, the request for a 4-lead TENS unit with associated conductive garment was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of a TENS unit on a purchase basis should be predicated on evidence of a favorable outcome during an earlier 1-month trial of the same, with beneficial outcomes present in terms of both pain relief and function. Here, however, the attending provider seemingly prescribed and/or dispensed the device in question without having the applicant undergo a 1-month trial of the same. Page 116 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that a 2-lead TENS unit is generally recommended and an attending provider should furnish some documentation as to why a 4-lead TENS unit is necessary. Here, however, the attending provider did not furnish a clear or compelling rationale for provision of a 4-lead TENS unit in face of the MTUS position in favor of more conventional, 2-lead TENS units. Therefore, the request for provision of a 4-lead TENS unit with associated conductive garment was not medically necessary.