

<b>Case Number:</b>	CM14-0183392		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	12/14/2011
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

47 year old female reported numbness along with pins and needles pain in her hands after working a data entry job. The date of injury was December 14, 2011. The injured worker was diagnosed with carpal tunnel in both hands in 2013 with her left hand worse than the right. She underwent carpal tunnel release on the right in September 2013. Treatment also included medications, physical therapy, brace and cortisone injections. In report dated September 10, 2014, she currently complains of intermittent pain in the right wrist, left wrist and right hand. She complains of constant left hand pain. All of her pain was rated an 8 on a 1-10 pain scale. In bilateral wrists, she complained of numbness and tingling. Motion aggravated the pain. The pain was improved with relaxation, a hot towel or medication. She reported numbness and tingling in the hands bilaterally along with weakness. She reported dropping things out of her hands. She has a lot of difficulty with repetitive motions like typing on a computer but can somewhat perform them. She has some difficulty with forceful activities with arms and hands but still performs it well enough. She can perform light strenuous activity for at least 2 minutes. A request was made for physical therapy 3x4 for the wrist, MRI of the right wrist, tens unit, conductive garment, hot and cold compression garment, EMG/NCV upper extremities and DME brace x2. On October 7, 2014, utilization review denied MRI of the right wrist, EMG/NCV upper extremities, tens unit, conductive garment and hot and cold compression garment. The request for physical therapy 3x4 for the wrist was modified into x2 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 x 4 for the wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** CA MTUS/Chronic Pain Medical Treatment Guidelines, Physical Medicine, page 98-99 recommend the following for non-surgical musculoskeletal conditions, Physical Medicine Guidelines; Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine.-Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks-Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeksAs the requested physical therapy exceeds the recommendation, the determination is for non-certification.

**MRI of the right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

**Decision rationale:** CA MTUS/ACOEM Chapter 11, Forearm, Wrist and Hand Complaints, page 269, states that wrist/hand imaging may be appropriate; imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders.Official Disability Guidelines Forearm, Wrist and Hand state MRI of the wrist is indicated for acute hand or wrist trauma or to evaluation for suspected acute scaphoid fracture, gamekeeper injury, soft tissue tumor or to evaluation for Kienbocks's disease.In this case there are no red flag indications from the exam note from 9/10/14 for MRI and no evidence of suspected fracture, Kienbocks or gamekeeper injury. In addition no plain radiograph findings are documented in this case. Therefore the determination is for non-certification.

**EMG/NCV upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 264.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel section, Electrodiagnostic studies

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of EMG/NCV testing. According to the ODG, Carpal tunnel section, "Recommended in patients with clinical signs of CTS who may be candidates for surgery. Appropriate electrodiagnostic studies (EDS) include nerve conduction studies (NCS)." In this case there is no evidence of neurologic deficits or carpal

tunnel syndrome in the cited records from 9/10/14 to warrant NCS or EMG. Therefore the determination is for non-certification.

**TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-114.

**Decision rationale:** According to the California MTUS Chronic Pain Medical Treatment Guideline regarding TENS, pages 113-114, chronic pain (transcutaneous electrical nerve stimulation), "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for neuropathic pain and CRPS II and for CRPS I (with basically no literature to support use). Criteria for the use of TENS: Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration. There is evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. In this case there is insufficient evidence of chronic neuropathic pain to warrant a TENS unit. Therefore the determination is for non-certification.

**Conductive garment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Page(s): 113-114..

**Decision rationale:** As the TENS unit is not medically necessary, the decision for the conductive garment for the TENS is non-certified.

**Hot and Cold compression 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

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

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of cryotherapy for the hand. According to ODG, Forearm, Wrist and Hand, cryotherapy is not recommended. Cold packs are recommended for at home application during first few days and thereafter application of heat. As the guidelines do not recommend cryotherapy for the hand, the determination is for non-certification.