

<b>Case Number:</b>	CM14-0212399		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	03/21/2014
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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. 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: 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 patient is an injured worker with a history of carpal tunnel syndrome. The electromyography (EMG) report dated 6/27/14 documented a normal study. The nerve conduction velocity (NCV) report dated 6/27/14 documented minimal to mild carpal tunnel syndrome with possible cubital tunnel syndrome. Regarding the history of injury, in early 2013, the patient started to experience numbness in her right wrist. She did not report her symptoms to her employer because the numbness was intermittent and rest at home helped ease the symptoms. She continued to work her regular duties and eventually noticed pain in her right wrist, eventually she noticed her right wrist pain traveling up into her right arm and up to her right elbow. This was usually while at work and she attributes the pain to long hours of repetitive use of the keyboard. A few months later she started to experience stiffness and tension to her neck. The neck pain eventually started to travel to both shoulders. She attributes her neck and bilateral shoulder pain to sitting in a poor posture at her computer for eight hours a day. The pain gradually worsened and experienced the onset of sleep disturbances. The persistent pain and nightly sleep disturbances caused her to develop stress and anxiety with associated irritability and mood swings. Around February 2014, she noticed she was having intermittent numbness and pain to her left wrist. The symptoms were more pronounced while using the keyboard during her eight hour work shift five days a week. She managed to continue performing her regular duties at work. Gradually her neck and right wrist pain worsened and the pain in both of her wrists traveled up to her elbows. On March 21, 2014, she reported her symptoms of the right wrist to her supervisor. There she was examined by a physician with X-rays of the right wrist, and was told there was no fracture however she states

she was diagnosed with mild-moderate carpal tunnel syndrome in her right wrist. She was prescribed physical therapy to the right wrist, acupuncture, pain and anti-inflammatory medications, a wrist support and was sent back to work with restrictions which consisted of a five minute break after every sixty minutes of work. She was also experiencing pain to the right side of her neck, right shoulder and right arm. In April 2014, she sought treatment on her own for her neck and right upper extremity symptoms and was diagnosed with tension and was prescribed a muscle relaxant. On May 13, 2014, she saw an orthopedic specialist, who placed her off work for fourteen days as a result of her right wrist pain. She also informed the specialist of her neck and right shoulder pain. The primary treating physician's progress report dated 12/2/14 documented right carpal tunnel release surgery was scheduled. Objective findings were documented. The right wrist was tender with positive tunnel sign. Diagnoses were bilateral carpal tunnel syndrome, cervical strain, and shoulder tendinitis. Treatment plan included a prescription for Norco 5/325 mg.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Hot/Cold Therapy Unit Purchase: 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 ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses physical treatment methods. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 11 Forearm, Wrist, and Hand Complaints Table 11-7 Summary of Recommendations for Evaluating and Managing Forearm, Wrist, and Hand Complaints (Page 271) indicates that regarding physical treatment methods, passive modalities are not recommended. Medical records document the diagnosis of carpal tunnel syndrome and a request for a hot/cold therapy unit and pad wrap. ACOEM indicates that passive modalities are not recommended. The request for a hot/cold therapy unit and pad wrap is not supported by ACOEM guidelines. Therefore, the request for Hot/Cold therapy unit purchase is not medically necessary.

#### **Hot/Cold Therapy Unit-Pad Wrap: 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 ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses physical treatment methods. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 11 Forearm, Wrist, and Hand Complaints Table 11-7 Summary of

Recommendations for Evaluating and Managing Forearm, Wrist, and Hand Complaints (Page 271) indicates that regarding physical treatment methods, passive modalities are not recommended. Medical records document the diagnosis of carpal tunnel syndrome and a request for a hot/cold therapy unit and pad wrap. ACOEM indicates that passive modalities are not recommended. The request for a hot/cold therapy unit and pad wrap is not supported by ACOEM guidelines. Therefore, the request for Hot/Cold therapy unit - pad wrap is not medically necessary.

**Wrist exercise kit:** 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): 271-272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Durable medical equipment (DME) Exercise equipment.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses exercise. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 11 Forearm, Wrist, and Hand Complaints Table 11-7 Summary of Recommendations for Evaluating and Managing Forearm, Wrist, and Hand Complaints (Pages 272) recommends maintaining strength and mobility of all remaining body parts while recovering from wrist problems. Official Disability Guidelines (ODG) state that exercise equipment is considered not primarily medical in nature. Exercise equipment may not be covered. Medical records document the diagnosis of carpal tunnel syndrome and a request for an exercise kit. Official Disability Guidelines (ODG) indicates that exercise equipment is considered not primarily medical in nature. Exercise equipment may not be covered. The request for exercise equipment is not supported by ODG guidelines. Therefore, the request for wrist exercise kit is not medically necessary.

**Arm sling:** 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 ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 9 Shoulder Complaints Page(s): 213, 270, 272.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses the request for a sling. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 11 Forearm, Wrist, and Hand Complaints (Page 270) states that two prospective randomized studies show no beneficial effect from postoperative splinting after carpal tunnel release when compared to a bulky dressing alone. In fact, splinting the wrist beyond 48 hours following CTS carpal tunnel syndrome release may be largely detrimental. Regarding rest and immobilization, prolonged splinting leads to weakness and stiffness. ACOEM Chapter 9

Shoulder Complaints indicates that prolonged use of a sling is not recommended. Medical records document the diagnosis of carpal tunnel syndrome and a request for an arm sling. The use of a sling for carpal tunnel syndrome is not supported by ACOEM guidelines. Therefore, the request for arm sling is not medically necessary.