

<b>Case Number:</b>	CM14-0214957		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	10/24/2014
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 52-year-old male, with a reported date of injury of 10/24/2014. The results of the injury were right wrist pain; right knee pain; and low back pain. The current diagnoses include lumbar sprain/strain; cervical sprain/strain; knee sprain/strain; and wrist sprain/strain. The past diagnosis was not included in the medical records provided. Treatments rendered were transcutaneous electrical nerve stimulation (TENS) unit; and physical therapy. The rest of the treatments listed were illegible. The Doctor's First Report of Occupational Injury or Illness dated 11/14/2014 indicates that the injured worker complained of pain in his lumbar spine, neck, right shoulder, right knee, and right wrist. He rated his pain 4-8 out of 10. The objective findings were illegible. The treating physician did not include the rationale for the requested treatments. On 12/08/2014, Utilization Review (UR) denied the request for a right wrist brace, a ligament right knee brace, one month supply of electrodes for a TENS unit, one month supply of batteries for a TENS unit, one month supply of lead wire for a TENS unit, and a lumbar spine support. The UR physician noted that there was no evidence of spinal instability, no evidence of instability or updated clinical examinations revealing specific dysfunction of the right wrist, or right knee, and the outcome of conservative treatment was unspecified in the medical records. The ACOEM Guidelines and Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right wrist brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand; Splints

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Splinting

**Decision rationale:** According to ODG guidelines, splinting Recommend splinting of wrist in neutral position at night & day prn, as an option in conservative treatment. Use of daytime wrist splints has positive, but limited evidence. Splinting after surgery has negative evidence. When treating with a splint, there is scientific evidence to support the efficacy of neutral wrist splints in CTS, and it may include full-time splint wear instructions as needed, versus night-only. Carpal tunnel syndrome may be treated initially with a splint and medications before injection is considered, except in the case of severe CTS (thenar muscle atrophy and constant paresthesias in the median innervated digits). Outcomes from carpal tunnel surgery justify prompt referral for surgery in moderate to severe cases. Nevertheless, surgery should not be performed until the diagnosis of CTS is made by history, physical examination and possible electrodiagnostic studies. Symptomatic relief from a cortisone/anesthetic injection will facilitate the diagnosis; however the benefit from these injections although good is short-lived. Two prospective randomized studies show that there is 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 release may be largely detrimental, especially compared to a home physical therapy program. (Banta, 1994) (Bury, 1995) (Courts, 1995) (Finsen, 1999) (Walker, 2000) (Gerritsen-JAMA, 2002) (Goodyear-Smith, 2004) (Muller, 2004) (Sevim, 2004) (Werner, 2005) (Premoselli, 2006) (Ucan, 2006) A hand brace significantly improves symptoms after four weeks. There is limited evidence that a nocturnal hand brace improves symptoms, hand function and overall patient-reported change in the short-term (up to four weeks of use). There is limited evidence that night-only wrist splint use is equally effective as full-time wrist splint use in improving short-term symptoms and hand function. There is limited evidence that neutral wrist splinting results in superior short-term overall and nocturnal symptom relief (at two weeks) when compared with wrist splinting in extension. Furthermore, limited evidence suggests that short-term daytime symptom relief is similar for both splint groups. (O'Conner-Cochrane, 2003) It is concluded that steroid injections and wrist splinting may be effective for relief of CTS symptoms but have a long-term effect in only 10 percent of patients. Symptom duration of less than 3 months and absence of sensory impairment at presentation are predictive of a lasting response to conservative treatment. Selected patients (i.e., with no thenar wasting or obvious underlying cause) presenting with mild to moderate carpal tunnel syndrome may receive either a single steroid injection or wear a wrist splint for 3 weeks. This will allow identification of the 10 percent of patients who respond well to conservative therapy and do not need surgery. (Graham, 2004) Statistical evaluation identified five factors which were important in predicting lack of response to wrist splints: (1) age over 50 years, (2) duration over ten months, (3) constant paraesthesiae, (4) stenosing flexor tenosynovitis, and (5) a Phalen's test positive in less than 30 seconds. When none of these factors was present, 66% of patients were cured by medical

therapy, 40% of patients with one factor, 17% with two factors, and 7% with three factors, and no patient with four or five factors present was cured by medical management. (Kaplan, 1990) Data suggest that splinting is most effective if applied within three months of symptom onset. (Kruger, 1991) This systematic review found that the usefulness of splinting as initial treatment for improving CTS symptoms is still supported by recent literature, but these effects are temporary. (Bernardino, 2011) There is documentation for the need for a wrist brace or that maintaining the hand on a neutral position will help the patient condition.

**Ligament right knee brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg; Knee brace

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee brace

**Decision rationale:** According to ODG guidelines, knee brace is indicated in case of knee or ligament instability. There is no documentation of knee dysfunction requiring knee brace. Therefore, the request is not medically necessary.

**One month supply of electrodes for TENS unit:** Upheld

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

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

**Decision rationale:** According to MTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. There is no recent documentation of recent flare of neuropathic pain. There is no strong evidence supporting the benefit of TENS for neck pain disorders. Therefore, the prescription of One month supply of electrodes for TENS unit is not medically necessary.

**One month supply of batteries for TENS unit:** Upheld

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

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

**Decision rationale:** According to MTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a

functional restoration program. There is no evidence that a functional restoration program is planned for this patient. There is no recent documentation of recent flare of neuropathic pain. There is no strong evidence supporting the benefit of TENS for back pain disorders. Therefore, the prescription of One month supply of batteries for TENS unit for lumbar is not medically necessary.

**One month supply of lead wire for TENS unit:** Upheld

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

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

**Decision rationale:** According to MTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. There is no recent documentation of recent flare of neuropathic pain. There is no strong evidence supporting the benefit of TENS for back pain disorders. Therefore, the prescription of One month supply of lead wire for TENS unit is not medically necessary.

**Lumbar spine support:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): (s) 298-301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** According to MTUS guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. A lumbar corset is recommended for prevention and not for treatment. Therefore, the request for Lumbar spine support is not medically necessary.