

<b>Case Number:</b>	CM15-0019322		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	06/07/2008
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: Pennsylvania  
 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:

This is a 52-year-old male who has reported upper extremity symptoms and many other painful areas after an injury on 6/7/08. The diagnoses have included carpal tunnel syndrome along with other orthopedic and internal conditions. Treatment has included a repeat carpal tunnel release with re-exploration of left carpal tunnel, release of proximal portion of transverse carpal ligament, external neurolysis of median nerve, and application of amniotic neural wrap on 5/2/14. The items now under review were dispensed in association with this surgery and were requested retrospectively by the vendor on 12/18/14. A prescription from the treating surgeon is dated 5/2/14 and is for the requested items. It includes a statement of "3 months supply electrodes." The medical reports from before and after the carpal tunnel release do not contain any references to the requested items. There are no medical reports which discuss the medical necessity for these items. Examination of the left wrist on 12/16/14 showed well-healed carpal tunnel release scar, discomfort with deep palpation about the volar and radial aspects of the wrist, Finkelstein's test positive, Tinel's, Phalen's, and reverse Phalen's tests were negative. On 1/7/15, Utilization Review non-certified a cold therapy unit, TENS and electrodes, and an exercise kit, noting the lack of indications and lack of guideline support for these items. The MTUS and the 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:

**Retro motorized cold therapy unit purchase: 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), Carpal Tunnel Syndrome, Continuous cold therapy (CCT).

**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 syndrome chapter, Continuous cold therapy (CCT).

**Decision rationale:** The MTUS does not provide direction for cooling units after surgery. The Official Disability Guidelines recommends them for up to 7 days after surgery for carpal tunnel syndrome. The treating physician did not specify a duration, only that the unit would be purchased. The unit is not medically necessary as prescribed, as duration of use is required.

**Retro electrodes non-sterile 18 pairs purchase: 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 TENS, chronic pain; TENS, post operative pain Page(s): 114-117; 117.

**Decision rationale:** Although not discussed by the treating physician, the transcutaneous electrical nerve stimulation (TENS) unit appears to have been dispensed in the perioperative period for treatment associated with the carpal tunnel release. The MTUS states that TENS is "Recommended as a treatment option for acute post-operative pain in the first 30 days post-surgery. Transcutaneous electrical nerve stimulation (TENS) appears to be most effective for mild to moderate thoracotomy pain. It has been shown to be of lesser effect, or not at all for other orthopedic surgical procedures." Efficacy after carpal tunnel release would therefore be questionable, and any use should be no more than 30 days. The prescription listed supplies for 3 months, making the unit and any supplies not medically necessary.

**Retro TENS unit purchase: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-115.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain; TENS, post operative pain Page(s): 114-117; 117.

**Decision rationale:** Although not discussed by the treating physician, the TENS unit appears to have been dispensed in the perioperative period for treatment associated with the carpal tunnel release. The MTUS states that TENS is "Recommended as a treatment option for acute post-operative pain in the first 30 days post-surgery. Transcutaneous electrical nerve stimulation

(TENS) appears to be most effective for mild to moderate thoracotomy pain. It has been shown to be of lesser effect, or not at all for other orthopedic surgical procedures." Efficacy after carpal tunnel release would therefore be questionable, and any use should be no more than 30 days. The MTUS notes that the proposed necessity of the unit should be documented, and that rental would be preferred over purchase during the 30-day period of use. The prescription listed supplies for 3 months, which is in excess of the guidelines for duration of use, making the unit and any supplies not medically necessary.

**Retro hand/wrist exercise kit purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise; Physical Medicine Page(s): 47; 98-99, Postsurgical Treatment Guidelines Page(s): 16.

**Decision rationale:** The hand/wrist exercise kit is not described in the physician reports. The treating physician has not discussed the specific indications for this kit or the indications for any components. It is therefore unclear what this kit contains and what its indications, if any, might be. The MTUS makes no recommendation for any particular exercise equipment after initial treatment in formal occupational therapy or physical therapy. The MTUS for Chronic Pain and the MTUS for post-operative physical medicine recommend home exercise after supervised physical medicine, with no specific equipment listed. Absent a description of the kit components and their specific medical necessities, an unspecified and generic reference to exercise equipment or some other "kit" is not medically necessary.

**Retro American Imex/sterile electrodes 2 pair 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 Chronic Pain Treatment Guidelines TENS, chronic pain; TENS, post operative pain Page(s): 114-117; 117.

**Decision rationale:** Although not discussed by the treating physician, the TENS unit appears to have been dispensed in the perioperative period for treatment associated with the carpal tunnel release. The MTUS states that TENS is "Recommended as a treatment option for acute post-operative pain in the first 30 days post-surgery. Transcutaneous electrical nerve stimulation (TENS) appears to be most effective for mild to moderate thoracotomy pain. It has been shown to be of lesser effect, or not at all for other orthopedic surgical procedures." Efficacy after carpal tunnel release would therefore be questionable, and any use should be no more than 30 days. The prescription listed supplies for 3 months, making the unit and any supplies not medically necessary.