

<b>Case Number:</b>	CM15-0063796		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	12/01/2005
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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: 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 injured worker is a 65 year old male, who sustained an industrial injury on 12/21/1979. He has reported subsequent back pain and was diagnosed with chronic pain, lumbar disc displacement and intervertebral disc disorder. Treatment to date has included oral pain medication and surgery. In a progress note dated 01/14/2015, the injured worker complained of intolerable pain. Objective findings were notable for an ataxic gait. A request for authorization of Hydromorphone was made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Elbow Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow chapter, Tennis Elbow Bands.

**Decision rationale:** The MTUS Guidelines do not address the use of left elbow brace. The ODG recommends Tennis Elbow Bands/Braces for epicondylitis with positive but limited evidence. While the ODG supports the use of Tennis Elbow Bands in the case of epicondylitis, the patient's left elbow exam was unremarkable for this condition. There was no documentation of tenderness to palpation of the left elbow or decreased range of motion. The request for a Left Elbow Brace is not medically necessary.

**OrthoStim IV unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118. Decision based on Non-MTUS Citation Website for "VQ Orthocare".

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120, 152. Decision based on Non-MTUS Citation <http://www.vqorthocare.com/products/orthostim-4-surgistim-4/>.

**Decision rationale:** MTUS and ODG do not address the use of the OrthoStim 4 unit. The VQ Ortho Care website states that the Orthostim 4 combines three different types of stimulation to "help enhance pain relief, promote positive outcomes and provide comprehensive symptomatic management of a patient's condition." The device provides three types of electrical stimulation: interferential, neuromuscular and HVPC waveform high volt stimulation. The MTUS Guidelines do not recommend an interferential stimulator as an isolated treatment; however it may be useful for a subset of individuals that have not had success with pain medications. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The evidence that an interferential stimulator is effective is not well supported in the literature, and studies that show benefit from use of the interferential stimulator are not well designed to clearly demonstrate cause and effect. While the medical records indicate that the patient utilizes the Orthostim 4 with some relief and an ability to remain on the same dose of medication, the patient continues to be on a temporary total disability status and does not participate in an exercise program. The MTUS Guidelines support the use of an interferential stimulator for a one month trial to determine if this treatment modality leads to increased functional improvement, less reported pain and medication reduction. The request is not for a one month trial however, and the unit is not recommended for use without the trial and documented evidence of benefit in conjunction with other treatment modalities. The request for the OrthoStim IV is not medically necessary.

**Pil-O-Splint for Left Hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation; Galvanic Stimulation Page(s): 120; 116.

**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, Splinting section.

**Decision rationale:** The MTUS Guidelines do not address the use of splinting for carpal tunnel syndrome. The ODG recommends splinting the wrist in neutral position at night and day as needed, as an option in conservative treatment. Carpal tunnel syndrome may be treated initially with a splint and medications before injection is considered. 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. 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). Splinting is most effective if applied within three months of symptom onset. The usefulness of splinting as initial treatment for improving CTS symptoms is still supported by recent literature, but these effects are temporary. While the evidence supports initial splinting, the injured worker's initial injury was ten years ago and the patient is no longer in the acute phase of the injury. The request for a Pil-O-Splint for the left hand is not medically necessary.