

<b>Case Number:</b>	CM15-0077921		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	04/24/2012
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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, Indiana, New York  
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 injured worker is a 52 year old male, who sustained an industrial injury on 4/24/2012. The current diagnoses are left carpal tunnel syndrome, status post decompression, left carpometacarpal joint inflammation of the thumb, left radioscaphoid joint inflammation of the wrist, stenosing tenosynovitis along the first extensor on the left, and elements of sleep, stress, and depression secondary to chronic pain. According to the progress report dated 3/17/2015, the injured worker reports intermittent pain that is accompanied by occasional numbness, tingling, and weakness. The current medications are Ultracet and valium. Treatment to date has included medication management and surgical intervention. He is scheduled for electrodiagnostic testing on 3/18/2015. The plan of care includes home TENS unit with conductive garment for the left wrist, 10 panel urine screen, and prescriptions for Ultracet, Nalfon, and Protonix.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IF home unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-120.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Unit Page(s): 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Interferential unit.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Interferential home unit (IF) is not medically necessary. ICS is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with the recommended treatments including return to work; exercise and medications area randomized trials have evaluated the effectiveness of this treatment. The findings from these trials were either negative or insufficient for recommendation due to poor's study design and/or methodologic issues. The Patient Selection Criteria should be documented by the medical care provider for ICS to be medically necessary. These criteria include pain is an effectively controlled due to diminished effectiveness of medications; due to side effects of medications; history of substance abuse; significant pain from post operative or acute conditions that limit the ability to perform exercise programs or physical therapy; unresponsive to conservative measures. If these criteria are met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. In this case, the injured worker's working diagnoses are carpal tunnel syndrome left status post decompression; carpometacarpal joint inflammation thumb; radiosaphoid joint inflammation of the wrist, left; stenosing tenosynovitis first extensive on the left; and chronic pain. A March 17, 2015 progress note, subjectively states the injured worker has pain that comes and goes with occasional numbness, tingling and weakness. The injured worker needs a refill of medications. Objectively, there are vital signs and a single sentence that states tenderness along the left wrist, CMC and first extensor. There are no additional physical findings the medical record. The treating provider requested a TENS unit that was denied. TENS is not indicated for wrist complaints. The guidelines require a one-month trial with objective functional improvement; less reported pain and evidence of medication reduction. There was no one-month trial documented in the medical record. Consequently, absent clinical documentation of a one month clinical trial and prior TENS application, Interferential home unit (IF) is not medically necessary.

**Conductive garment left wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-120.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Unit Page(s): 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Interferential unit.

**Decision rationale:** Pursuant to the Official Disability Guidelines, conduction garment left wrist (for use with IF) is not medically necessary. ICS is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with the recommended treatments including return to work; exercise and medications area randomized trials have evaluated the effectiveness of this treatment. The findings from these trials were either negative or insufficient for recommendation due to poor's study design and/or methodologic issues. The Patient Selection Criteria should be documented by the medical care provider for ICS to be

medically necessary. These criteria include pain is an effectively controlled due to diminished effectiveness of medications; due to side effects of medications; history of substance abuse; significant pain from post operative or acute conditions that limit the ability to perform exercise programs or physical therapy; unresponsive to conservative measures. If these criteria are met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. In this case, the injured worker's working diagnoses are carpal tunnel syndrome left status post decompression; carpometacarpal joint inflammation thumb; radioscaphoid joint inflammation of the wrist, left; stenosing tenosynovitis first extensor on the left; and chronic pain. A March 17, 2015 progress note, subjectively states the injured worker has pain that comes and goes with occasional numbness, tingling weakness. The injured worker needs a refill of medications. Objectively, there are vital signs and a single sentence that states tenderness along the left wrist, CMC and first extensor. There are no additional physical findings the medical record. The treating provider requested a TENS unit that was denied. TENS is not indicated for wrist complaints. The guidelines require a one-month trial with objective functional improvement; less reported pain and evidence of medication reduction. There was no one-month trial documented in the medical record. Consequently, absent clinical documentation of a one month clinical trial, prior TENS application and denial of the IF unit, conduction garment left wrist (for use with IF) is not medically necessary.