

Case Number:	CM14-0210463		
Date Assigned:	12/23/2014	Date of Injury:	12/11/2012
Decision Date:	11/30/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/15/2014

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: Physical Medicine & Rehabilitation

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 61 year old female, who sustained an industrial injury on 12-11-2012. A review of the medical records indicates that the injured worker is undergoing treatment for status post right wrist mid carpal arthrodesis with recent onset of increased discomfort and possible recurrent right carpal tunnel syndrome. On 10-21-2014, the injured worker reported soreness in the right wrist until the end of the previous week when she developed significant pain in the ulnar aspect of the right wrist with numbness and tingling in the right hand. The Primary Treating Physician's report dated 10-21-2014, noted the injured worker was five and a half weeks status post pin removal of the right wrist. Therapy was noted to be ineffective since the injured worker's symptoms started. The physical examination was noted to show moderate tenderness in the dorsal-ulnar aspect of the right wrist with positive Tinel's at the median nerve right wrist. Right wrist x-rays were noted to show solid arthrodesis between the capitate and the lunate with probable trabeculation between the hamate and the capitoulunate arthrodesis site with questionable union of the triquetrum to the fusion mass. Prior treatments have included occupational therapy, reconstructive right wrist surgery 4-1-2013, bracing, right arm compression sleeve and TENS post-op, and medication including Vicodin, and Percocet. The treatment plan was noted to include medications dispensed of Voltaren, Protonix, and Ultram, electrodiagnostic studies of the bilateral upper extremities and a CT scan of the right wrist prior to the next evaluation. The injured worker's work status was noted to be temporarily totally disabled. An occupational therapy progress note dated 10-20-2014, noted the injured worker progressing slowly with her wrist motion with several flare ups since starting therapy from over

exercising or being too aggressive with end ranges during her home exercise program (HEP), and a home rental of a TENS unit for pain management and right compression glove for edema management were recommended. The request for authorization dated 11-19-2014, requested a Transcutaneous Electrical Nerve Stimulation (TENS) unit for the right hand and compression glove right hand and wrist. The Utilization Review (UR) dated 11-26-2014, non-certified the request for a Transcutaneous Electrical Nerve Stimulation (TENS) unit for the right hand and compression glove right hand and wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous Electrical Nerve Stimulation (TENS) unit for the right hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The patient presents with pain in the right wrist. The request is for transcutaneous electrical nerve stimulation (TENS) unit for the right hand. Patient is status post carpal tunnel surgery, date unspecified, and pin removal surgery right wrist on 09/12/14. Patient's diagnosis on 09/23/15 includes status post mid carpal arthrodesis right wrist. Physical examination to the right wrist on 10/21/15 revealed tenderness to palpation over the dorsal-ulnar aspect of the right wrist. Tinel's sign was positive on the right. Treatment to date has included surgery, bracing, right arm compression sleeve and TENS pot-op, and medication. Patient's medications include Voltaren and Protonix, per 08/26/15 progress report. Current work status not available. Per 10/21/14 progress report, patient was temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines, on page 116, Criteria For Use of TENS states the following: "(1) Documentation of pain of at least three months duration (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed. (3) A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. (4) Other ongoing pain treatment should also be documented during the trial period including medication usage (5) A treatment plan including the specific short- and long-term goals of treatment with the Tens unit should be submitted (6) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, MTUS recommends TENS for neuropathic pain, CRPS, Multiple Sclerosis, Phantom pain, and spasticity pain." The treater has not discussed this request; no RFA was available either. Review of the medical records provided do not indicate prior one-month trial of TENS unit and its outcome, and there is no treatment plan with short and long term goals. MTUS requires documentation of one month prior to dispensing home units, as an adjunct to other treatment modalities, with a functional restoration approach. Furthermore, the treater has not indicated whether the requested Tens is for purchase or rental. Given the lack of documentation, as required by MTUS, the request is not medically necessary.

Compression glove right hand and wrist: 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), Knee, and leg, compression garments.

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 (Acute & Chronic) chapter, under Splinting, Carpal Tunnel Syndrome (Acute & Chronic) Chapter under Gel-padded glove and Other Medical Treatment Guidelines www.ncbi.nlm.nih.gov/pubmed/11420737.

Decision rationale: The patient presents with pain in the right wrist. The request is for compression glove right hand and wrist. Patient is status post carpal tunnel surgery, date unspecified, and pin removal surgery right wrist on 09/12/14. Patient's diagnosis on 09/23/15 includes status post mid carpal arthrodesis right wrist. Physical examination to the right wrist on 10/21/15 revealed tenderness to palpation over the dorsal-ulnar aspect of the right wrist. Tinel's sign was positive on the right. Treatment to date has included surgery, bracing, right arm compression sleeve and TENS pot-op, and medication. Patient's medications include Voltaren and Protonix, per 08/26/15 progress report. Current work status not available. Per 10/21/14 progress report, patient was temporarily totally disabled. MTUS and ACOEM are silent regarding the request. ODG does not directly address the request for a compression glove, however the following is stated: ODG Guidelines, Carpal Tunnel Syndrome (Acute & Chronic) chapter, Splinting states: Wrist splinting after CTR: "Splinting after surgery has negative evidence. 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." ODG-TWC, Carpal Tunnel Syndrome (Acute & Chronic) Chapter under Gel-padded glove states: "Not recommended. Gel-padded glove is shown not to be positive. (Deltombe, 2001) www.ncbi.nlm.nih.gov/pubmed/11420737 Abstract titled Protective effect of glove on median nerve compression in the carpal tunnel" states "Results: Compression induced a rapidly reversible increase in sensory and motor distal latencies, a decrease in sensory amplitude, finger laser Doppler flowmetry and hand skin temperature supporting the hypothesis of a reversible conduction block of ischemic origin. There was no statistical difference between the tests (with or without glove) except for pain that was significantly reduced by glove protection. Conclusion: Gel padded glove does not seem to have a protective effect on the carpal tunnel syndrome induced by compression but provides significant comfort." Treater has not provided medical rationale for the request and RFA was not available in medical records. UR letter dated 11/26/14 states "DME Request for TENS Unit for right hand and Compression Glove Right hand and wrist as an outpatient." In this case, the patient is status post carpal tunnel surgery and pin removal of the right wrist on 09/12/14. This appears to be a retrospective request for compression glove used postoperatively. This request is not directly addressed in the guidelines. However, ODG states "splinting after surgery has negative evidence, there is no beneficial effect from postoperative splinting after carpal tunnel release when compared to a bulky dressing alone" regarding wrist splinting after CTR. With regard to the treatment of carpal tunnel

syndrome and the use of gloves, ODG discusses gel padded glove, but does not provide support stating "Not recommended. Gel-padded glove is shown not to be positive." The National Institute of Health (NIH) states that Gel padded glove Gel "provides significant comfort" but "does not seem to have a protective effect on the carpal tunnel syndrome induced by compression." If treater's intent was for the prospective use of compression glove for the patient's carpal tunnel syndrome, this request would still not be recommended given lack of guideline support. Therefore, the request is not medically necessary.