

Case Number:	CM13-0021925		
Date Assigned:	11/13/2013	Date of Injury:	06/06/2011
Decision Date:	01/17/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 64-year-old female who reported an injury on 06/06/2011 when she jammed her arm at work. The patient was noted to have a right hand carpal tunnel release procedure on 07/30/2013. A request was made for a 21 Home day rental of a Q-tech Recovery System with wrap for the right wrist for postoperative use following her carpal tunnel release. The Q-tech Recovery System is a compression heat and cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-tech Recovery System with wrap for the right wrist status post carpal tunnel release, 21 home day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Carpal Tunnel Chapter

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, continuous cold therapy (CCT), Knee & Leg, Game Ready accelerated recovery system.

Decision rationale: The Official Disability Guidelines state that continuous flow cryotherapy is recommended as an option only in the postoperative setting for no more than 7 days including

home use. Compression is not addressed in the carpal tunnel chapter, but in the knee chapter it states that the Game Ready Accelerated Recovery System which is a compression cryotherapy unit is recommended as an option after surgery but not for non-surgical treatment of the knee. The system was said to combine continuous flow cryotherapy with vasocompression and it is stated that there are no published high quality studies on any combined compression cold systems. As continuous flow cryotherapy is recommended postoperatively for 7 days only, and compression is not recommended by Guidelines, the request is not supported. Therefore, the request for Q-tech Recovery System with wrap for the right wrist status post carpal tunnel release, 21 Home day rental, is non-certified