

<b>Case Number:</b>	CM13-0022313		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	02/17/2012
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### 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 Orthopedic Surgery and is licensed to practice in California. 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 claimant is a 42-year-old gentleman who was injured in a work related accident on February 17, 2012. Objectively, there was noted to be tenderness to palpation over the wrist, a positive Finkelstein test, pain to palpation over the medial and lateral epicondyle. There is indication that the claimant was approved for surgical process in the form of a right Guyon canal release, right carpal tunnel release, submuscular transposition of the ulnar nerve, excisional biopsy of the wrist ganglion cyst was supported by carrier. At present, there is request for postoperative modalities in the form of a thermal cool compression unit for 30 days and a CPM device for 30 day rental.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A continuous passive motion (CPM) device for the finger (30 day rental): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Procedures.

**Decision rationale:** California MTUS Guidelines are silent. When looking at ODG criteria, CPM use for the digits is not supported in any setting. There would be nothing in this case

indicating the CPM would be medically necessary to restore function after surgery over a home exercise program. The role of continued passive motion to the claimant's digit would not be indicated.

**ThermoCool compression therapy (30 day rental): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Carpal Tunnel Procedure, Continuous Cold Therapy.

**Decision rationale:** MTUS Guidelines are silent. When looking at the ODG, the role of a 30 day rental of cryotherapy compressive device would not be indicated. The records indicate the claimant is to undergo carpal tunnel procedure with a ganglion cyst removal and a cubital tunnel release. The specific diagnosis and surgery in question would not lead itself to the role of the thermacool compression unit in the postoperative course of care. The requested thirty days would exceed the typical 7 day recommendation per guidelines. The specific request would not be indicated.