

<b>Case Number:</b>	CM13-0023248		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	07/15/2011
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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 36-year-old female who was injured in a work-related accident on July 15, 2011, sustaining injury to the left upper extremity. Clinical records for review include an operative report of August 7, 2013 indicating the claimant underwent a left wrist carpal tunnel release procedure. This was confirmed by preoperative electrodiagnostic studies. The clinical records do not include postoperative records. There was an August 23, 2013 request for an interferential unit, a hot and cold pad, and the use of an ASSY strap in the postoperative setting for the diagnosis of carpal tunnel syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Interspec IF with monthly supplies:**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 9th Edition, (web) 2011.

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

**Decision rationale:** Based on California MTUS Chronic Pain Guidelines, the role of an interferential device in the postoperative setting of a carpal tunnel release would not be indicated.

Interferential units are not recommended as isolated intervention and are only indicated in the postoperative setting if significant pain continues or persists, limiting the ability to perform an exercise program or structured course of formal physical therapy. No indication of a home exercise program or structured course of therapy has been noted. Its use in the postoperative setting thus would not be supported as medically necessary.

**Hot and Cold pad:** 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) Treatment Index, 9th Edition, (web) 2011.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Worker's Comp, 18th Edition, 2013 Updates: carpal tunnel procedure - Continuous Cold Therapy (CCT) and Heat Therapy.

**Decision rationale:** California MTUS and ACOEM Guidelines are silent. When looking at Official Disability Guideline criteria, the role of heat and cold therapy pads in the postoperative setting of carpal tunnel procedure would not be indicated. Frequency and duration of use are not documented. Official Disability Guidelines only recommend the role of cold therapy for a seven-day rental in the form of cryotherapy, and in regards to heat therapy only recommends at-home topical applications after initial treatment of heat unit. As stated, the frequency of the above modality is not documented. Its need at this stage of the claimant's course of postoperative care would not be supported as medically necessary.

**An Assy strap:** 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) Treatment Index, 9th Edition, (web) 2011.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Worker's Comp, 18th Edition, 2013 Updates: carpal tunnel procedure - Splinting.

**Decision rationale:** California ACOEM and MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, the use of an Assy strap would not be supported. While splinting is recommended in the conservative management phase of carpal tunnel syndrome, its use in the postoperative setting would be limited to incisional pain or discomfort associated with the surgery. Formal splinting is not typically recommended for long term care after surgical process as advancement of range of motion and activities tends to demonstrate better functional outcome. Specific use of strapping in this case would not be indicated as medically necessary.