

<b>Case Number:</b>	CM13-0039786		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	08/17/2010
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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. The expert 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 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/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:

This is a 46-year-old female injured in a work-related accident on 8/17/10. The clinical records in this case are in regard to retrospective request from a 2/22/13 surgical process. It was stated at that time that the claimant underwent a right deQuervain's release (i.e. first dorsal extensor compartment release). This was based on failed conservative measures. The claimant was placed into a brace following the time of operative procedure. The specific request in regard to the above-mentioned surgery of 2/22/13 indicates the purchase of an arm sling as well as a retrospective request for purchase of a motorized cold therapy unit for post-operative use in regard to the 2/22/13 procedure in question.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETROSPECTIVE REQUEST FOR ARM SLING PURCHASE DOS 2/22/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

**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 Procedure.

**Decision rationale:** Comfort is often a patient's first concern. Nonprescription analgesics will provide sufficient pain relief for most patients with acute and subacute symptoms. If treatment response is inadequate (that is, if symptoms and activity limitations continue), prescribed pharmaceuticals or physical methods may be added. Initial treatment of CTS should include night splints. Day splints can be considered for patient comfort as needed to reduce pain, along with work modifications. When looking at Official Disability Guidelines criteria, the role of an arm sling following deQuervain's tenosynovitis release is not supported. The records indicate that the claimant was braced at the time of the operative procedure. The procedure itself would not indicate the need for immobilization of the entire upper extremity. The specific request for an arm sling with regard to the surgical process in question of 2/22/13 would not be indicated.

**RETROSPECTIVE REQUEST FOR PURCHASE OF MOTORIZED COLD THERAPY UNIT DOS 2/22/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

**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 PROCEDURE - CONTINUOUS COLD THERAPY (CCT)

**Decision rationale:** CA MTUS states, "Local application of cold during first few days of acute complaint; thereafter, heat application is appropriate." When looking at Official Disability Guidelines criteria, the purchase of cryotherapy devices are typically not recommended following orthopedic intervention. The specific request for purchase of the above device is medically not necessary.