

Case Number:	CM13-0060770		
Date Assigned:	12/30/2013	Date of Injury:	12/07/2005
Decision Date:	06/11/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/02/2013

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 Rhode Island. 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:

The records reflect that the injured worker is a 63-year-old individual who fell from a chair, sustained injuries to the cervical, thoracic and lumbar spine, bilateral shoulders and bilateral knees. A carpal tunnel release surgery was completed in September of 2013. The request for this device notes that there was no diagnosis supporting the need of a pneumatic device. Progress notes from 2013 noted a diagnosis of chronic cervical radiculopathy, bilateral shoulder pain, lumbar radiculopathy and bilateral carpal tunnel syndrome, as well as diabetes. The operative note indicated surgery was completed in September, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

SEGMENTAL PNEUMATIC APPLIANCE, SCD SLEEVE LEFT HAND: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Comp, 18th edition, 2013 Updates, Forearm, Wrist, & Hand 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 CHAPTER, updated February 2014.

Decision rationale: There are no clinical notes presented supporting the clinical indication or need for such a device. Furthermore, the literature reviewed did not indicate that this type of device has any noted efficacy or utility in the treatment of a surgically released carpal tunnel syndrome. Therefore, based on the incomplete data, this clinical request is not indicated. The request is not medically necessary.