

Case Number:	CM13-0062913		
Date Assigned:	12/30/2013	Date of Injury:	11/01/2011
Decision Date:	05/19/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/09/2013

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:

The claimant is a 40-year-old gentleman who was injured in a work related accident on November 1, 2011. The clinical records available for review indicate that the claimant was being treated for an upper extremity injury for which a surgical process in the form of a carpal tunnel and Guyon's canal release was being recommended for the right upper extremity. Surgical process was to occur on September 26, 2013. There is specific clinical request in this case in regards to the claimant's postoperative course of care to include use of a DVT prevention system, a cold therapy recovery system, an X-Force Stimulator with supplies, all for postoperative use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-TECH DVT PREVENTION SYSTEM FOR 21 DAYS (RENTIAL): 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)

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: Chapter Carpal Tunnel Syndrome: continuous cold therapy

Decision rationale: The Q-Tech Recovery System applies heat, cold and compression to help prevent deep venous thrombosis. The MTUS/ACOEM Guidelines do not address this request. The Official Disability Guidelines, chapter on carpal tunnel syndrome, continuous cold therapy is recommended as an option only in postoperative setting and use should be no more than seven days. Deep venous thrombosis is not typically a concern following carpal tunnel release surgery. As the unit being requested is for greater than seven days, a Q-Tech DVT Prevention System cannot be supported in this case. The request for Q-Tech DVT prevention system for 21 days (rental) is not medically necessary and appropriate.

**RENTAL Q-TECH COLD THERAPY RECOVERY SYSTEM WITH WRAP (IN DAYS)
QUANTITY: 21.00: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: According to the California MTUS Guidelines, "At-home local applications of cold packs first few days of acute complaints; thereafter, applications of heat packs." MTUS Guidelines do not recommend the role of cryotherapy devices for home use. The request for rental Q-Tech cold therapy recovery system with wrap (in days), quantity 21 are not medically necessary and appropriate.

X-FORCE STIMULATOR QUANTITY, 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The California MTUS Guidelines would not support the role of an X-Force Stimulator. The role of interferential stimulator, or neuromuscular electrical stimulation in the postoperative setting in this case would not be supported. The medical records provided for review includes forms of modalities that are not acutely indicated in the postoperative setting. The requests for an X-force stimulator, quantity 30 is not medically necessary and appropriate.

SUPPLIES FOR X-FORCE STIMULATOR (IN MONTHS) QUANTITY 3.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

Decision rationale: The California MTUS Guidelines would also not support the role of the associated supplies for the X-Force Stimulator which in and of itself has not been supported.

The request for an X-force stimulator (in months) quantity 3 is not medically necessary and appropriate.

X-FORCE STIMULATOR CONDUCTIVE GARMENTS QUANTITY 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

Decision rationale: The California MTUS Guidelines would also not support the role of the associated supplies for the X-Force Stimulator which in and of itself has not been supported. The request for X-force stimulator conductive garments, quantity 2 is not medically necessary and appropriate.