

Case Number:	CM14-0018343		
Date Assigned:	04/18/2014	Date of Injury:	01/27/2013
Decision Date:	05/27/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/13/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 44-year-old male who reported an injury on 01/27/2013. The mechanism of injury occurred while the injured worker was mixing food items during his shift, and subsequently felt a shooting pain in his bilateral wrists and hands. The injured worker did not report this injury until approximately 2 months later. At that time, the injured worker was referred for x-rays of the bilateral hands, which were negative for any abnormalities. He was also sent for a course of physical therapy; however, this treatment failed to resolve his symptoms. The patient continued to have worsening numbness, tingling, sharp, throbbing, aching, and burning pain, and was then administered a cortisone injection to the right and left wrists. The injured worker was also referred for an EMG of the bilateral upper extremities. This was performed on 05/17/2013 and revealed moderate to severe entrapment neuropathy of the bilateral median nerves. The injured worker was placed on activity restrictions and referred for another course of physical therapy. Due to persistent pain, the injured worker received MRIs of the bilateral wrists. These studies revealed bowing of the flexor retinaculum with an increased amount of synovial tissue, and tenosynovitis of the extensor carpi radialis longus and brevis, of the right wrist. Additionally, the MRI of the left wrist obtained on 09/01/2013 revealed bowing of the flexor retinaculum with increased amount of synovial tissue and thickening of the flexor tendons, indicative of chronic flexor tenosynovitis. Due to the failure of symptoms to resolve, the treating physician requested a left hand carpal tunnel release; however, it is unclear if this procedure was ever performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLD THERAPY UNIT FOR BILATERAL UPPER EXTREMITIES: 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 ODG, Carpal Tunnel Syndrome, Continuous Cold Therapy.

Decision rationale: The California MTUS/ACOEM Guidelines do not specifically address the need for continuous cold therapy in the postoperative period; therefore, the Official Disability Guidelines were supplemented. ODG recommends continuous cold therapy as an option after carpal tunnel release, for up to 7 days. Although the injured worker may have benefited from application of a cold therapy unit, the 11/27/2013 clinical note indicated that he was to receive surgery on 1 hand at a time. Additionally, the current request does not specify the length of use, where as the guidelines recommend up to 7 days only. Furthermore, it is unclear if the carpal tunnel surgery was ever recommended for certification. Without this information, the requested treatment is not indicated at this time. As such, the request for cold therapy unit for bilateral upper extremities is not medically necessary.