

Case Number:	CM14-0116633		
Date Assigned:	08/04/2014	Date of Injury:	03/04/2013
Decision Date:	09/10/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/25/2014

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 Family Practice, 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:

28 yr. old female claimant sustained a work injury on 3/4/13 involving the wrists. She was diagnosed with carpal tunnel syndrome and underwent carpal tunnel release on 6/12/14. Pre-operatively the claimant had undergone therapy and shock wave therapy. A progress note on 6/18/14 indicated an unremarkable exam and 8-0% improvement in symptoms. The treating physician recommended therapy for the right hand. A progress noted on 6/27/14 indicated the claimant had 8/10 post-operative pain. Examination of the wrists were unremarkable The treating physician requested 8 sessions of therapy post-operatively, a 21 day rental of a Q-tech cold therapy wrap along with Voltaren and Norco for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

21 day rental of Q-Tech Cold Therapy Recovery System with wrap: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271. Decision based on Non-MTUS Citation Official Disability Guidelines (OD Hand Pain).

Decision rationale: According to the ACOEM guidelines, heat or cold packs at home use are optional. The ODG guidelines, recommend cold packs for a few days. Using the cold therapy system for 21 days post-operatively is excessive and not medically necessary.

8 post-operative physical therapy sessions for the right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand Pain.

Decision rationale: The ACOEM guidelines recommends at home exercise and physical therapy. According to the ODG guidelines, 3-8 visits over 3-5 weeks are recommended for post-operative carpal tunnel release. The amount of therapy visits performed post-operatively are unknown prior to the additional request for 8 visits. The amount of visits exceeds the amount recommended by the guidelines. Therefore the therapy request is not medically necessary.