

Case Number:	CM14-0160092		
Date Assigned:	10/03/2014	Date of Injury:	04/01/2013
Decision Date:	12/11/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/29/2014

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic hand and wrist pain reportedly associated with an industrial injury of April 1, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; opioid therapy; and earlier carpal tunnel release surgery. In a Utilization Review Report dated September 3, 2014, the claims administrator partially approved a request for a cold therapy unit 40-day rental as a seven-day rental of the same and denied a postoperative wrist brace. The applicant's attorney subsequently appealed. In an October 7, 2014 handwritten progress note, the applicant was described as 13 days removed from an earlier right-sided carpal tunnel release surgery of September 24, 2014. The applicant's wound was healing nicely without any drainage, erythema, or swelling. An Ace wrap was applied along with a new dressing. The applicant was asked to follow up in one week for suture removal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit x 14 day rental: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cold Therapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: The MTUS does not address the topic of postoperative cryotherapy. However, as noted in the Third Edition ACOEM Guidelines Hand, Wrist, and Forearm Chapter, cryotherapy is recommended for postoperative rehabilitation for carpal tunnel release applicants. ACOEM does not, it is incidentally noted, recommend an optimum treatment duration for postoperative cryotherapy following carpal tunnel release surgery. Provision of postoperative cryotherapy, thus, was indicated here and was essentially in-line with ACOEM recommendations. Therefore, the request for a 14-day cold therapy unit rental was medically necessary.

Post-operative right wrist brace for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, page 270, surgical decompression of the median nerve usually releases carpal tunnel syndrome symptoms. ACOEM Chapter 11, page 270 further notes that splinting the wrist beyond 24 hours following a carpal tunnel release surgery may be "largely detrimental." The attending provider failed to furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on prolonged postoperative splinting. Furthermore, based on the attending provider's description of postoperative events, it appeared that the applicant's symptoms had largely abated following the carpal tunnel release procedure, effectively obviating the need for continued splinting. Therefore, the request was not medically necessary.