

Case Number:	CM14-0166553		
Date Assigned:	10/13/2014	Date of Injury:	11/12/2013
Decision Date:	12/31/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/09/2014

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 and Rehabilitation 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 underlying date of injury in this case is 11/12/2013. An application for independent medical review reports the diagnosis of carpal tunnel syndrome. An operative note of 9/4/2014 indicates the patient underwent a right carpal tunnel release and right triggers thumb release, with postoperative diagnoses of right carpal tunnel syndrome and a right trigger thumb.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Pro-Sling Purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carpal tunnel syndrome Page(s): 15.

Decision rationale: California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on carpal tunnel syndrome states Post-surgery, a home therapy program is superior to extended splinting. The same guideline does not support an indication for a sling postoperatively. Thus, the rationale for this requested Pro-Sling is not apparent at this time. This request is not medically necessary.

DME: Q-Tech Cold Therapy Recovery System with wrap: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

Decision rationale: California Medical Treatment Utilization Schedule does not discuss an indication for a Q-Tech cold therapy recovery system postoperatively. Official Disability Guidelines discusses some forms of cold durable medical equipment for rental after surgery, but does not discuss this with reference to surgery for the hand and wrist. Moreover, the current request appears to be a request for purchase of equipment rather than a rental; ACOEM guidelines Chapter 3, Treatment, page 48 discusses the use of thermal modalities on a temporary basis but not on an ongoing basis to support purchase of equipment. For these multiple reasons this request is not supported by the treatment guidelines. The request is not medically necessary.