

<b>Case Number:</b>	CM14-0039487		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	12/13/2012
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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:

This 56-year-old patient sustained an injury on 12/13/12 while employed by the [REDACTED]. The request(s) under consideration include post-operative rehabilitative therapy- three times a week for four weeks and Coolcare cold therapy unit. electromyography (EMG)/NCS (nerve conduction study) dated 4/8/13 noted negative Tinel's and Phalen's on exam of bilateral wrists. The impression of a very mild right carpal tunnel syndrome. The surgical consult report of 3/3/14 from the provider noted left hand complaints with lifting, reaching, pushing, and pulling activities affecting household chores and self-care. Conservative care has included physical therapy, oral medications, bracing, cortisone injections and modified activities without lasting benefit. The provider noted due to the patient's chronic and severe condition, surgery is recommended. Post-operative care is related to certified carpal tunnel release surgery. The request(s) for post-operative rehabilitative therapy- three times a week for four weeks (12 sessions) and Coolcare cold therapy unit were modified to certify for eight sessions of physical therapy and seven-days rental of cold therapy unit on 3/28/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POST-OPERATIVE REHABILITATIVE THERAPY - THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 6.

**Decision rationale:** The MTUS Post-surgical Treatment Guidelines for post carpal tunnel release recommend three to five therapy visits up to eight for open surgical approach over three to five weeks for a three month rehab treatment period with benefits needing to be documented after the first week as prolonged therapy visits are not supported. In this case, the patient had eight post-op sessions authorized without fading of treatment to an independent self-directed home program. The submitted reports have not adequately demonstrated support for further treatment without any noted post-operative complications or extenuation circumstances outside guidelines recommendations. The patient has received enough therapy sessions recommended for this post-surgical period. As such, the request for post-operative rehabilitative therapy three times a week for four weeks is not medically necessary and appropriate.

**COOLCARE COLD THERAPY UNIT:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Continuous cold therapy (CCT), page 74.

**Decision rationale:** The MTUS Guidelines is silent on specific use of cold compression therapy with pad and wrap, but does recommend standard cold pack for post exercise. The Official Disability Guidelines (ODG) specifically addresses the short-term benefit of cryotherapy post-surgery; however, limits the use for seven days post-operative period as efficacy has not been proven after. The patient had been authorized for seven days post-op cold therapy care. The submitted reports have not adequately demonstrated support for further treatment without any noted post-operative complications or extenuation circumstances beyond guidelines recommendations. The patient has received enough therapy sessions recommended for this post-surgical period. As such, the request for Coolcare cold therapy unit is not medically necessary and appropriate.