

Case Number:	CM14-0044490		
Date Assigned:	07/02/2014	Date of Injury:	04/26/2013
Decision Date:	08/26/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/11/2014

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 wrist pain reportedly associated with an industrial injury of April 26, 2013. Thus far, the applicant has been treated with the analgesic medications and transfer of care to and from various providers in various specialties. There is an apparent diagnosis of carpal tunnel syndrome. In a Utilization Review Report dated March 31, 2014, the claims administrator denied a request for an X-Force stimulator unit, denied a request for cold therapy rental system for 30 days and associated wrap, and also denied a sling. The claims administrator did not incorporate any guidelines into its rationale. The claims administrator stated that there were no studies or medical evidence to support usage of cold therapy following carpal tunnel release surgery and therefore denied the same. The claims administrator also stated that provision of a sling following carpal tunnel release surgery was not considered a standard of care. No guidelines were cited. The applicant's attorney subsequently appealed. On January 30, 2014, the applicant presented with bilateral wrist pain, paresthesias, numbness, and tingling right greater than left, worse at night. The applicant was wearing a wrist brace. Limited wrist range of motion and positive Tinel's and Phalen's signs were noted. Dysesthesias were noted about the hand with diminished strength appreciated about the hand muscles. The applicant apparently had electrodiagnostic evidence of bilateral carpal tunnel syndrome. Acupuncture, a wrist cortisone injection, and medications were refilled. The attending provider stated that the applicant would likely require a bilateral carpal tunnel release surgery. Authorization for the same was sought. Postoperative physical therapy, postoperative ice compression, and a TENS unit were all sought for postoperative purposes. The attending provider cited a variety of non-MTUS ODG Guidelines and placed the applicant off of work, on total disability. Soma, Neurontin, and Tramadol were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME X-Force Stimulator Unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg Chapter - Durable Medical Equipment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Postoperative Pain Page(s): 116.

Decision rationale: While TENS units are recommended as a treatment option for acute postoperative pain in the first 30 days after surgery, in this case, however, the attending provider has sought authorization to purchase the device in question. The MTUS Chronic Medical Treatment Guidelines suggests that a rental device would be preferred over an outright purchase of the device during the 30 days of immediate postoperative use. No applicant-specific rationale was provided which would offset the unfavorable MTUS position on purchase of TENS units for postoperative use purposes. Therefore, the request is not medically necessary.

Q-Tech Cold Therapy Rental x 30 days with purchase of Universal Therapy Wrap and Half Arm Wrap: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg Chapter - Durable Medical Equipment.

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 following carpal tunnel release surgery. As noted in the Third Edition ACOEM Guidelines, both cryotherapy and a cooling blanket/cooling wrap, essentially the same as the arm wrap being sought here, are recommended as part and parcel of postoperative rehabilitation following carpal tunnel release surgery. The attending provider's request for postoperative cryotherapy and provision of an associated wrap following a plain carpal tunnel release surgery does conform to ACOEM recommendations. Therefore, the request is medically necessary.

Pro-Sling purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg Chapter - Durable Medical Equipment.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 266, 272.

Decision rationale: As noted in the ACOEM Guidelines reducing general activities while recovering is not recommended. Provision of a sling following carpal tunnel release surgery, then, is not supported by ACOEM, which further notes that any splinting or limitations placed on hand, wrist, forearm activity should not interfere with total body activity in a major way. Strict elevation, per ACOEM, should only be done for a short period of time. The request to purchase the sling and/or use the sling for three to six weeks following plain carpal tunnel release surgery is not supported by ACOEM guidelines. Therefore, the request is not medically necessary.