

Case Number:	CM14-0045006		
Date Assigned:	06/27/2014	Date of Injury:	09/10/2001
Decision Date:	08/18/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/01/2014

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 patient is a 76-year-old female who has submitted a claim for Bilateral Carpal Tunnel Syndrome associated with an industrial injury date of September 10, 2001. Medical records from 2011 were reviewed, which showed that the patient complained of pain and numbness of the left hand. On physical examination, there was limitation of lumbar range of motion. Spasm was noted at the multifidus, erector spinae, and quadratus lumborum bilaterally. There was weakness of hip flexion, knee extension, and plantar flexion bilaterally. Straight leg raise test was positive at 40 degrees bilaterally. Sciatic stretch test was also positive. Deep tendon reflexes were reduced bilaterally. However, the most recent progress note included in the records for review was dated November 18, 2011. Hence, the current physical and functional status of the patient is not known. Treatment to date has included medications, physical therapy, carpal tunnel injections, braces, and compression therapy garment for ice and heat applications. Utilization review from March 5, 2014 modified the request for Polar care (water circulating unit) 21-day rental to 7-day rental of a continuous cold therapy unit because guidelines recommend postoperative use of no more than 7 days. The same utilization review denied the request for purchase of a shoulder sling because of lack of guideline support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Polar care (water circulating unit) 21 day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 2014, Carpal Tunnel Syndrome (CTS) Chapter, Continuous cold therapy (CCT) and Splinting.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Continuous-flow Cryotherapy.

Decision rationale: The California MTUS does not specifically address continuous-flow cryotherapy. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that continuous-flow cryotherapy is recommended as an option after surgery, but not for non-surgical treatment. Postoperative use generally may be up to 7 days, including home use. In this case, the patient was prescribed a Polar Care Unit to deliver constant icing to the hand after carpal tunnel release surgery. However, a rationale was not provided as to why a 21-day rental was necessary when guidelines state that post-operative use for 7 days is sufficient. Furthermore, the records state that the surgery was scheduled December 12, 2011 and the most recent progress note included in the records for review was dated November 18, 2011. Hence, there was no record of the patient's post-operative status and the current physical and functional status of the patient is also not known. Therefore, the request for Polar care (water circulating unit) 21 day rental is not medically necessary.

A purchase of a shoulder sling: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 2014, Carpal Tunnel Syndrome (CTS) Chapter, Continuous cold therapy (CCT) and Splinting.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG) Shoulder, Immobilization.

Decision rationale: The California MTUS does not specifically address immobilization. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that immobilization is not recommended as a primary treatment. Early mobilization benefits include earlier return to work; decreased pain, swelling, and stiffness; and a greater preserved range of joint motion, with no increased complications. In this case, an arm sling was requested for support. However, there was no rationale provided regarding arm immobilization using a shoulder sling despite guideline recommendations of early mobilization. There is no clear indication for a shoulder sling. Therefore, the request for a purchase of a shoulder sling is not medically necessary.