

Case Number:	CM14-0051460		
Date Assigned:	06/23/2014	Date of Injury:	02/20/2013
Decision Date:	08/27/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/21/2014

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 Orthopedic Surgery 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 patient is a 65-year-old who was injured on 02/20/13. The records provided for review included a report for certification for a carpal tunnel release and De Quervain's first dorsal extensor compartment release procedure. There are two postoperative requests in this case. The first request is for twelve sessions of postoperative physical therapy and the second is for purchase of a cryotherapy unit in the postoperative setting. There are no further clinical records that would provide further insight into these requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cool Cold Therapy Unit Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter Carpal Tunnel Syndrome; continuous cold therapy.

Decision rationale: Based on the California ACOEM Guidelines, the purchase of a cryotherapy device would not be indicated. While ACOEM Guidelines recommend the use of cryotherapy for pain control, the Official Disability Guidelines only recommend the use of cryotherapy devices for up to seven days including home use in the postoperative period. There is no indication for purchase of the above device or usage beyond seven days. The specific request for purchase of a postoperative cryotherapy device is not medically necessary.

Postoperative Physical Therapy 3 x 4: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Post Surgical Rehabilitative Guidelines, twelve sessions of physical therapy would be indicated. Following a De Quervain's release, the Post Surgical Guidelines recommend up to fourteen visits of therapy over a twelve week period of time. Given the request is for twelve sessions of physical therapy that would meet the guidelines, the request is medically necessary.