

Case Number:	CM14-0073869		
Date Assigned:	07/16/2014	Date of Injury:	09/19/2011
Decision Date:	10/01/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/21/2014

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 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 39-year-old male who was injured on 09/19/2011. The mechanism of injury is unknown. The patient underwent right carpal tunnel release on 01/17/2014. Ortho note dated 01/20/2014 states the patient presented for follow up of his wrist as he has had surgery as mentioned above. On exam, he has sensation in his thumb, index, and middle finger but his ring finger is still numb. There is soft tissue swelling in the hypothenar eminence area of his hand. He lacks 2 cm pulp to palm and his thumb opposes well. The patient is diagnosed with bilateral carpal tunnel syndrome clinically; bilateral ulnar nerve, cubital tunnel syndrome; and carpal tunnel syndrome positive on the right on NCS dated 10/12/2012. Prior utilization review dated 05/02/2014 states the request for Optimum Home Rehab Kit is not recommended as there is no clear indication for the request; Pro-Sling is not recommended as it is not medically necessary; XXXXXXXXXX Cold Therapy Recovery System with Wrap recommended as guidelines support up to 7 days postoperative use of cold therapy unit; and XXXXXXXXXX DVT Prevention is denied as there is a lack of documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Optimum Home Rehab Kit: 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), Durable medical equipment (DME), Exercise equipment Other Medical Treatment Guideline or Medical Evidence: <http://www.sevensesadm.com/handwrist/>

Decision rationale: MTUS guidelines do not address the request. According to ODG guidelines, durable medical equipment is "recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME)..." In this case a request is made for an "Optimum Home Rehab Kit" for a 39-year-old male scheduled to undergo left carpal tunnel release on 4/18/14. However, this product does not appear to meet Medicare's definition of DME. Rather it appears to be exercise equipment, which, according to ODG guidelines, is considered not to be primarily medical in nature. Further, no specific rationale is provided for this request. Medical necessity is not established.

Pro-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 (ODG) Shoulder Procedure Summary last updated 03/31/2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the Non- MTUS Official Disability Guidelines (ODG)

Decision rationale: MTUS guidelines do not address the request. According to ODG guidelines, durable medical equipment is "recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME)..." In this case a request is made for an "Optimum Home Rehab Kit" for a 39-year-old male scheduled to undergo left carpal tunnel release on 4/18/14. However, this product does not appear to meet Medicare's definition of DME. Rather it appears to be exercise equipment, which, according to ODG guidelines, is considered not to be primarily medical in nature. Further, no specific rationale is provided for this request. Medical necessity is not established.

Cold Therapy Recovery System with Wrap: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Procedure Summary last updated 02/20/2014.

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)

Decision rationale: This is a request for [REDACTED] Cold Therapy Recovery System with Wrap for a 39-year-old male undergoing left carpal tunnel release. Review of records suggests the request was made for a 21-day rental. However, according to ODG guidelines, continuous cold therapy is "recommended as an option only in the postoperative setting, with regular assessment to avoid frostbite. Postoperative use generally should be no more than 7 days, including home use." Medical necessity is not established for a 21-day rental. However, a 7-day rental is medically necessary

[REDACTED] DVT Prevention: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Shoulder Procedure Summary last updated 03/31/2014.

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

Decision rationale: This is a request for "[REDACTED] DVT prevention" for a 39-year-male pending left carpal tunnel surgery. However, according to ODG guidelines, "deep venous thrombosis and pulmonary embolism events are common complications following lower-extremity orthopedic surgery, but they are rare following upper-extremity surgery." Further, no specific rationale is provided for the request. There is no discussion of coagulopathic risk factors or why DVT prophylaxis is necessary for a relatively minor outpatient surgery such as carpal tunnel release. Medical necessity is not established.