

Case Number:	CM14-0090485		
Date Assigned:	07/25/2014	Date of Injury:	06/20/2013
Decision Date:	10/02/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/17/2014

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:

This patient is a 49 year old female who developed persistent upper extremity symptoms secondary to an injury dated 6/20/13. She has been authorized to have a carpal tunnel release and De'Quervains tenosynovectomy. There are no risk factors such as cardiac disease, pulmonary or other systemic disease documented. It is documented that the patient is in good health.

IMR ISSUES, DECISIONS AND RATIONALES

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

█ Cold Therapy unit (purchase): 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.

Decision rationale: MTUS Guidelines do not address this particular issue. ODG Guidelines do directly address this subject matter and recommend post-operative cold therapy for up 3 days post operatively post carpal tunnel surgery. There is no medical necessity to purchase a unit for the recommended 3 days use.

Pre-op medical clearance: 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 Anesthesiology 2012; 116:522-38 Practice Advisory for Pre-anesthesia evaluation. Page (524)

Decision rationale: MTUS Guidelines do not specifically address this issue. Anesthesiology standard setting practice advisories do address this and recommend a reasonably detailed history to justify any additional evaluations or testing. It is documented that this patient is low risk due to her age and no other risk factors are identified to justify a separate and distinct pre-operative medical clearance. This request is not medically necessary.