

<b>Case Number:</b>	CM14-0091484		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	05/09/2013
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 28 year old female with an injury date on 05/09/2013. Based on the 05/06/2014 progress report provided by [REDACTED], the diagnoses are: 1 Right carpal tunnel syndrome. According to this report, the patient complains of persistent pain and numbness in the right hand. The patient is to undergo carpal tunnel release today. On the 05/15/2014 report indicates the patient's surgical wound is healing well. Neurovascular status is intact. [REDACTED] is requesting Q-tech cold therapy 35 days trial with Q-tech universal wrap, Q-tech bladder (half arm wrap) purchase (status post carpal tunnel release 5/6/14). There were no other significant findings noted on this report. The utilization review denied the request on 05/15/2014. [REDACTED] is the requesting provider, and provided treatment reports from 11/07/2013 to 05/15/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Q-tech cold therapy 35 days trial with Q-tech universal wrap, Q-tech bladder (half arm wrap) purchase (status post carpal tunnel release 5/6/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation ODG; Carpal Tunnel Syndrome.

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

**Decision rationale:** According to the 05/06/2014 report by [REDACTED] this patient presents with persistent pain and numbness in the right hand. The provider is requesting Q-tech cold therapy 35 days trial with Q-tech universal wrap, Q-tech bladder (half arm wrap) purchase (status post carpal tunnel release 5/6/14). The treating physician's report and request for authorization containing the request is not included in the file. The utilization review denial letter states simple home heat or cold packs are sufficient. Therefore, more elaborate equipment or heating pads would not be necessary. Regarding cold therapy, ODG guidelines recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In this case, the requested Q-tech cold therapy 35 days trial with Q-tech universal wrap, Q-tech bladder (half arm wrap) purchase exceed what is allowed per the guidelines. Recommendation is for not medically necessary.