

Case Number:	CM14-0132386		
Date Assigned:	08/22/2014	Date of Injury:	05/11/2010
Decision Date:	01/16/2015	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/19/2014

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 Family Medicine and is licensed to practice in Florida. 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 60-year-old female with a date of injury of 5-11-2009 through 5-11-2010. Her diagnoses include: status post carpal tunnel release, status post trigger finger release, and depression. She underwent a 1/31/2014 open right CTR (Carpal Tunnel Release.) Records note that she has previously has bilateral carpal tunnel surgeries in 2007 and 2008. In 6/2014 she underwent a left carpal tunnel release with left trigger finger releases. She is noted to be totally, temporarily disabled on a June 16th 2014 progress note. An objective physical exam on this note noted that "her wounds are healing nicely...neurovascular intact." Requests have been made for retrospective decisions regarding a motorized cold therapy unit, home exercise kit, and a sling. A utilization review physician did not certify these requests. Therefore, an independent medical review was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective purchase of motorized cold therapy unit- right wrist & hand: 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), Forearm, Wrist and Hand

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Forearm, wrist, and hand complaints Page(s): 265.

Decision rationale: California MTUS criteria states, "At-home local applications of cold packs during first few days of acute complaints; thereafter, applications of heat packs." This request is for a motorized cold therapy unit. There is no medical evidence that is well recognized by the entirety of the medical community that a motorized cold therapy device is more effective than a simple ice pack applied at home. Also, past the first few days, MTUS guidelines recommend the application of heat packs. This request is not considered medically necessary.

Retrospective hand/wrist home exercise kit- right wrist & hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Forearm, wrist, and hand complaints Page(s): 265.

Decision rationale: California MTUS guidelines recommend, "Instruction in home exercise. Except in cases of unstable fractures or acute dislocations, patients should be advised to do early range-of-motion exercises at home. Instruction in proper exercise technique is important, and a physical therapist can serve to educate the patient about an effective exercise program." There is no evidence to recommend a home exercise kit's use over that of routine home exercises. This request is not considered medically necessary.

Retrospective arm sling- right wrist & hand: 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 Other Medical Treatment Guideline or Medical Evidence: J Hand Surg Br. 2004 Oct;29(5):458-60. A controlled clinical trial of postoperative hand elevation at home following day-case surgery. Fagan DJ1, Evans A, Ghandour A, Prabhakaran P, Clay NR.

Decision rationale: MTUS guidelines, ODG, and ACOEM are all silent regarding the use of a sling post carpal tunnel surgery. Therefore, other respected literature sources were referenced. According to the journal of hand surgery, "Although elevation of the upper limb is considered valuable for the prevention and of the reduction of swelling following major surgery or severe injuries to the hand, it is not clear how much elevation, if any, is required following minor surgery such as carpal tunnel decompression. We investigated this by randomizing patients undergoing carpal tunnel decompression into two groups - one having high elevation at home and one being treated with a simple sling. Volumetric analysis of the swelling of the hand 5 days postoperatively showed no significant difference between the two groups. In the trial group, the mean increase in volume of the operated hand was 11 ml (95% CI +4 to +17) or 2.7%. In the control group, the mean swelling was 13 ml (95% CI +4 to +21) or 3.6%. The findings of this study do not support the use of routine high arm elevation following day-case surgery of the

hand." Therefore, this retrospective request for an arm sling is not considered medically necessary.