

Case Number:	CM14-0191973		
Date Assigned:	11/25/2014	Date of Injury:	05/02/2013
Decision Date:	01/14/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/17/2014

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 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:

42 year old male claimant with an industrial injury dated 03/30/06. The patient is status post a right carpal tunnel release and cyst removal from the palmar surface on 03/17/14. EMG/NCS dated 08/21/14 reveals carpal tunnel syndrome. Exam note 09/19/14 states the patient returns with right wrist pain resulting in numbness in the entire right hand and weakness in the right upper extremity. Upon physical exam the patient demonstrated a limited range of motion of the right fourth digit. The patient had a well-healed scar over the volar aspect of the wrist but there was tenderness present over the scar. The patient completed a positive Tinel's test, and Phalen's sign test. The patient had decreased sensation on all digits of the right hand with weakness. Treatment includes a right wrist re-exploration of the medial nerve and a repeat carpal tunnel release surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fifteen Sessions of Physical Therapy visits for right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: Per the CA MTUS/Post Surgical Treatment Guidelines, page 16, 3-8 visits over a 3 month period is authorized. In this case the request exceeds the recommended postoperative visits following carpal tunnel release. Therefore the determination is for non-certification.

Aircast cryo/cuff cold compression purchase: 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)-TWC 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) Forearm, Wrist and Hand, Cold packs

Decision rationale: CA MTUS/ACOEM is silent on the issue of cryotherapy for the hand. According to ODG, Forearm, Wrist and Hand, cryotherapy is not recommended. Cold packs are recommended for at home application during first few days and thereafter application of heat. As the guidelines do not recommend cryotherapy for the hand, the determination is for non-certification.

Medical Transportation: 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 Knee and Leg Procedure

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of transportation. According to the ODG, Knee and Leg Chapter, Transportation is recommended for patients with disabilities preventing them from self-transport. In this case the exam note from 9/19/14 does not demonstrate evidence of functional impairment precluding self-transportation. Therefore the determination is for non-certification.