

Case Number:	CM14-0216136		
Date Assigned:	01/06/2015	Date of Injury:	04/11/2014
Decision Date:	04/09/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 51-year-old female who sustained an industrial injury on 4/11/14 involving her hands. Currently she complains of bilateral hand pain and swelling. Medications include Norco, Ultram, Protonix and Voltaren. Diagnosis is bilateral overuse syndrome both hands; sprain and strain of carpometacarpal joint of hand, carpal tunnel syndrome; bilateral trigger thumbs; diabetes. Treatments to date include physical therapy, medication, brace. Diagnostics include x-ray of the right hand (4/11/14) which was normal; electromyography/nerve conduction study upper extremities revealing severe carpal tunnel syndrome to the right hand and mild carpal tunnel syndrome of the left hand. In the progress note dated 11/10/14, the treating provider requested carpal tunnel release to the right hand and authorization for cold unit and brace to be used post-operatively. On 12/3/14 Utilization review non-certified the requests for Post-operative hand brace and cold therapy unit citing MTUS: ACOEM: Chapter Forearm, wrist and hand complaints and ODG: Carpal Tunnel, Continuous Cold Therapy respectively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Hand Brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: The patient presents with carpal tunnel syndrome and hand pain bilaterally. The request is for POST-OP HAND BRACE. Per 11/10/14 progress report, the patient is scheduled for right carpal tunnel release in January 2015. For wrist bracing/splinting, ACOEM Guidelines page 265 states, "When treating with splints and CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting would be used at night and may be used during the day depending upon activity." In this case, the 11/10/14 physician's report indicate that the treater requested hand brace as post-op aid following the right carpal tunnel release surgery, which is scheduled in January 2015. There is no documentation whether or not the carpal tunnel release has been authorized and performed in January 2015 as the 11/10/15 physician's report stated. However, given the patient's persistent complaints of pain and diagnosis of carpal tunnel syndrome, the requested hand brace IS medically necessary.

Cold Therapy Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271. Decision based on Non-MTUS Citation ODG, Treatment Index, 11th Edition (web), 2014, Carpal tunnel, Continuous cold therapy (CCT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Shoulder Chapter, Cold Compression.

Decision rationale: The patient presents with carpal tunnel syndrome and hand pain bilaterally. The request is for COLD THERAPY UNIT. Per 11/10/14 progress report, the patient is scheduled for right carpal tunnel release in January 2015. The MTUS and ACOEM guidelines do not discuss cold therapy units. Therefore, ODG Guidelines are referenced. ODG guidelines, under Shoulder Chapter, Cold Compression section states, "Not recommended in the shoulder, as there are no published studies." In this case, the 11/10/14 physician's report indicate that the treater requested cold therapy unit as post-op aid following the right carpal tunnel release surgery, which is scheduled in January 2015. ODG guidelines support the use of cold therapy unit for post-op knee conditions but not for wrist. Therefore, the request of DME cold therapy unit IS NOT medically necessary.