

Case Number:	CM15-0100424		
Date Assigned:	06/05/2015	Date of Injury:	06/19/2014
Decision Date:	07/14/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/26/2015

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: Oregon

Certification(s)/Specialty: Plastic Surgery, Hand Surgery

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 52 year old female, who sustained an industrial injury on 6/19/14. She has reported initial complaints of constant aching pain of the right wrist and shoulder with tingling and numbness in the hand. The diagnoses have included carpal tunnel syndrome, shoulder impingement and DeQuervain's. Treatment to date has included medications, activity modifications, splinting, and physical therapy. Currently, as per the physician progress note dated 4/15/15, the injured worker complains of further worsening of bilateral carpal tunnel syndrome with numbness and tingling and severe burning pain both hands. She reports weakness and loss of dexterity. She has undergone nerve conduction test to the left upper extremity that is consistent with carpal tunnel. There is swelling in the left forearm; positive Tinel's and Phalen's sign across the bilateral carpal tunnel and the previous cortisone injection has failed to improve the symptoms. The injured worker states that both hands are becoming weaker with gradual further loss of dexterity, picking up small objects, buttoning her shirt and combing her hair. She is also beginning to drop objects out of her right hand. The diagnostic testing that was performed included electromyography (EMG) and nerve conduction velocity studies (NCV) of the left upper limb dated 3/26/15 reveals left carpal tunnel syndrome. Treatment options were discussed and she chose surgery. The physician requested treatments included Purchase of One Cold Therapy Unit and 30-Day Rental of One Compression Unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of One Cold Therapy Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome Chapter, 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 (ODG) carpal tunnel syndrome.

Decision rationale: Per Official Disability Guidelines (ODG), chapter, Continuous cold therapy (CCT): Recommended as an option only in the postoperative setting, with regular assessment to avoid frostbite. Postoperative use generally should be no more than 7 days, including home use. Purchase of a home unit for seven days of use is not medically necessary.

30-Day Rental of One Compression Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, and Hand Chapter, Lymphedema pumps.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hand and wrist chapter, Vasopneumatic devices.

Decision rationale: ODG, hand and wrist chapter, Vasopneumatic devices: "Recommended as an option to reduce edema after acute injury. Vasopneumatic devices apply pressure by special equipment to reduce swelling. They may be considered necessary to reduce edema after acute injury. Education for use of lymphedema pump in the home usually requires 1 or 2 sessions. Further treatment of lymphedema by the provider after the educational visits is generally not considered medically necessary. The treatment goal of vasopneumatic devices, such as intermittent compression therapy, is to reduce venous hypertension and edema by assisting venous blood flow back toward the heart." The patient had not had an acute injury. Only 1 or 2 sessions are required. Request for a 30 day rental for 1-2 sessions exceeds guidelines.