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| <b>Case Number:</b>   | CM15-0107545 |                              |            |
| <b>Date Assigned:</b> | 06/12/2015   | <b>Date of Injury:</b>       | 01/20/1998 |
| <b>Decision Date:</b> | 07/16/2015   | <b>UR Denial Date:</b>       | 05/28/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/04/2015 |

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic hand pain reportedly associated with an industrial injury of January 20, 1998. In a Utilization Review report dated May 28, 2015, the claims administrator partially approved a request for nine sessions of postoperative physical therapy as five sessions of the same. The claims administrator also denied a continuous cooling device purchase. The request was framed as a request for postoperative usage of the continuous cooling device. The applicant's attorney subsequently appealed. On April 16, 2015, the applicant reported ongoing complaints of hand, wrist, and finger pain. Authorization was sought for a right trigger finger release surgery. The applicant was working, it was suggested, admittedly through usage of pre-printed checkboxes. The applicant had undergone earlier carpal tunnel release procedure, it was stated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial post operative physical therapy, twice a week for four weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** No, the request for an initial course of eight sessions of postoperative physical therapy was not medically necessary, medically appropriate, or indicated here. While the MTUS Postsurgical Treatment Guidelines do support a general course of nine sessions of therapy following trigger finger release surgery, as was planned here, this recommendation is, however, qualified by commentary made in MTUS 9792. 24. 3a2 to the effect that an initial course of therapy meets one-half of number of visits specified in the general course of therapy for the specified surgery. Here, thus, the request for eight initial sessions of postoperative physical therapy represented treatment in excess of the five-session initial course of therapy suggested following trigger finger release surgery, as was scheduled here. The attending provider failed to furnish a compelling rationale for treatment in excess of MTUS parameters. Therefore, the request was not medically necessary.

**Continuous cold therapy unit purchase:** 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, Cold Packs.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed. , Hand, Wrist, and Forearm Disorders, pg 855 CRYOTHERAPY/COOLING BLANKET1. Recommendation: Cryotherapy During Post-operative Rehabilitation Cryotherapy is recommended for post-operative rehabilitation for carpal tunnel release patients. Strength of Evidence: Recommended, Evidence (C). 2. Recommendation: Cooling Blanket During Post-operative Rehabilitation. A cooling blanket is recommended during post-operative rehabilitation. Strength of Evidence: Recommended, Insufficient Evidence (I) Rationale for Recommendations. Cryotherapy has been shown to be effective for post-carpal tunnel release patients and is therefore recommended during post-operative rehabilitation.

**Decision rationale:** Similarly, the request for a continuous cooling device purchase was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of usage of postoperative continuous cooling devices. While the Third Edition ACOEM Guidelines do support usage of cryotherapy as part of postoperative rehabilitation following carpal tunnel release surgery, i.e., a procedure essentially analogous to the trigger finger release surgery which was scheduled here, ACOEM qualifies its position by noting that cryotherapy and/or a cooling blanket should be employed "during postoperative rehabilitation." Here, thus, the request to purchase the device, in effect, implied that the attending provider was intent on employing the device outside of the postsurgical rehabilitation window. The attending provider did not clearly state why a temporary rental of the device in question would not suffice here. A temporary rental of the continuous cooling device would have better conformed to the Third Edition ACOEM Guidelines, it is noted (and reiterated). Therefore, the request for a purchase of a continuous cooling unit was not medically necessary.

