

Case Number:	CM15-0108157		
Date Assigned:	06/12/2015	Date of Injury:	07/18/2012
Decision Date:	07/16/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	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 46-year-old who has filed a claim for chronic shoulder, arm, hand, elbow, and wrist pain reportedly associated with an industrial injury of July 18, 2012. In a Utilization Review report dated May 20, 2015, the claims administrator denied a request for a Thermacure contrast compression therapy device with associated pads and set-up fee. The claims administrator framed the request as postoperative request following planned carpal tunnel release surgery on May 19, 2015. The applicant's attorney subsequently appealed. On February 17, 2015, the attending provider sought authorization for a carpal tunnel release surgery. Percocet, Flexeril, Motrin, and Neurontin were prescribed. The applicant's work status was not clearly detailed. The Thermacure contrast therapy device, thus, was seemingly framed as a request for postoperative cryotherapy following planned carpal tunnel release surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermacure contrast compression therapy (30-day rental): 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), Carpal tunnel syndrome - Continuous cold therapy (CCT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines Carpal Tunnel Syndrome (CTS), Continuous cold therapy (CCT).

Decision rationale: No, the Thermacure contrast compression therapy 30-day rental was not medically necessary, medically appropriate, or indicated here. The request was framed as a request for postoperative continuous cooling therapy following planned carpal tunnel release surgery. The MTUS does not address the topic. However, ODG's Carpal Tunnel Syndrome Chapter Continuous Cold Therapy topic notes that continuous cooling therapy should be limited to seven days of postoperative use. The request for 30 days of the same, thus, in effect, represents treatment well in excess of ODG parameters. The attending provider failed to furnish a clear or compelling rationale for such a protracted duration of cryotherapy, particularly given ODG's injunction against excessive usage of the same, in light of associated concerns with frostbite. Therefore, the request was not medically necessary.

Pads (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 (ODG), Carpal tunnel syndrome - Continuous cold therapy (CCT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines Carpal Tunnel Syndrome (CTS), Continuous cold therapy (CCT).

Decision rationale: Similarly, the request for pads was likewise not medically necessary, medically appropriate, or indicated here. This is a derivative or companion request for pads to be employed along with the cryotherapy device in question. Since that request was deemed not medically necessary, in question #1, the derivative or companion request for pads was likewise not medically necessary.

Set-up for right 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), Carpal tunnel syndrome - Continuous cold therapy (CCT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines Carpal Tunnel Syndrome (CTS), Continuous cold therapy (CCT).

Decision rationale: Finally, the request for a set-up fee was likewise not medically necessary, medically appropriate, or indicated here. This is another derivative or companion request, one which accompanied the primary request for a Thermacure contrast therapy device. Since that was deemed not medically necessary, in question #1, the derivative or companion request for a set-up fee was likewise not medically necessary.