

<b>Case Number:</b>	CM15-0146898		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	12/20/2013
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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: California

Certification(s)/Specialty: Orthopedic Surgery, Hand Surgery, Sports 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 injured worker is a 59 year old female, who sustained an industrial injury on 12-20-2013. The injured worker was diagnosed as having left forearm and wrist extensor and flexor tendinitis, early carpal tunnel syndrome, left elbow lateral epicondylitis, and left shoulder periscapular pain. Treatment to date has included diagnostics, injections, and medications. Several documents within the submitted medical records were handwritten and difficult to decipher. Currently, the injured worker complains of worsening numbness and tingling to the hand and dropping items due to hand weakness. She was not working. The treatment plan included surgical intervention to the left wrist. She was currently authorized for left carpal tunnel release with possible flexor tenosynovectomy and-or median neurolysis and left de Quervain's release with possible tenosynovectomy-tenolysis. Additional treatment requests included post- operative physical therapy, 2x4, and purchase of a continuous cold therapy unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post op physical therapy, 8 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16 and 21.

**Decision rationale:** This is a request for 8 post-operative therapy sessions following planned carpal tunnel release and DeQuervain's release. The California MTUS supports 3-8 post-surgical therapy sessions following carpal tunnel release (page 16) and up to 14 visits following deQuervain's release (page 21) - therefore the guidelines for radial styloid tenosynovitis/deQuervain's surgery are applied as they allow the greatest amount of therapy. An initial course of therapy is defined as one half the maximal number of visits (page 10) - 7 in this case. Additional therapy at to the maximum amount is appropriate if there is documented functional improvement defined as clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment (page 1). The requested 8 sessions exceeds guidelines and is not medically necessary.

**Associated surgical service: Continuous cold therapy unit purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation J Shoulder Elbow Surg. 2015 Mar 27. pii: S1058-2746(15)00077-4. doi: 10.1016/j.jse.2015.02.004. [Epub ahead of print], Compressive cryotherapy versus ice-a prospective, randomized study on postoperative pain in patients undergoing arthroscopic rotator cuff repair or subacromial decompression. Kraeutler MJ1, Reynolds KA2, Long C2, McCarty EC2.

**Decision rationale:** This is a request for a commercial cold therapy unit after carpal tunnel and deQuervain's release surgery. The California MTUS notes that patient's at-home application of heat or cold packs are as effective as those performed by a therapist. There is no medical evidence that commercial cooling units are more effective than cooling with readily available materials, such as a bag of ice. There are no studies of such units in this clinical setting, but studies in other post-operative settings such as the study referenced above in patients following rotator cuff surgery have found no benefit of commercial cold therapy units over icing. Therefore this request is not medically necessary.