

Case Number:	CM15-0197852		
Date Assigned:	10/13/2015	Date of Injury:	04/11/2014
Decision Date:	11/24/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/08/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 male individual who sustained an industrial injury on 4-11-14. He is not working. The medical records indicate that the injured worker is being treated for right and left carpal tunnel syndrome; status post left carpal tunnel release (8-6-15); post-operative left carpal tunnel release infection. He currently (9-9-15) complains of right hand pain with numbness and tingling. His medications improve pain and function. His activities of daily living are improved and he has increased ability to grip and squeeze with medication regimen. His pain level with medication is 5 out of 10 and 8 out of 10 without medication. On physical exam there was tenderness at the dorsum of the right wrist and over the left wrist incision, there was positive Phalen's and Tinel's for median nerve compression right hand. He wears a splint mostly at night and has not started physical therapy. His treatments include medications: Norco, Motrin, triple antibiotic ointment; prior physical therapy, injections, bracing. The request for authorization was not present. On 9-14-15 Utilization Review non-certified the request for a 1 day rental of a compression pump with sleeves.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 day rental of a compression pump with sleeves: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation Pai M, et al. Prevention of venous thromboembolic disease in surgical patients. Topic 1339, version 73.0. UpToDate, accessed 11/20/2015.

Decision rationale: The reviewed treatment recommendations made most recent to the request included the use of a compression wrap that utilized cold therapy after a surgical carpal tunnel release. The MTUS Guidelines support the use of cold therapy only during the earliest phase of treatment and not for longer than two weeks. The goal is temporary pain relief in order to allow for progressive exercise and activity. Mechanical compression devices can be used in the prevention of blood clots after surgery. Some issues that raise someone's risk for this complication include increased age, prior blood clot, a family history of blood clots, the presence of cancer or obesity, current or recent pregnancy, or a condition that causes blood clots to form. The submitted and reviewed documentation indicated the worker was experiencing right hand pain with numbness and tingling. Cold therapy might be supported in this situation. However, the request only included a compression pump with sleeves. The submitted and reviewed records did not document an individualized risk assessment for blood clots. There was no suggestion the worker had any of the above risks, report of symptoms or signs of a condition that would increase the risk of forming blood clots, or description of special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a one-day rental of a compression pump with sleeves is not medically necessary.