

<b>Case Number:</b>	CM15-0204025		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	05/15/2015
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic 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 48 year old female, who sustained an industrial injury on May 15, 2015. She reported hand and wrist pain with thumb triggering. The injured worker was diagnosed as having right hand strain, right wrist tendonitis and thumb trigger finger. Treatment to date has included diagnostic studies, ice, injections, bracing, rest and physical therapy without relief and medications without relief. On August 27, 2015, the injured worker complained of bilateral hand and wrist pain with numbness and tingling in the thumb, index and long fingers bilaterally as well as triggering of the left thumb. Phalen's was positive at 30 seconds. Tinel's sign for the median nerve and carpal tunnel compression test were positive bilaterally. The treatment plan included bilateral carpal tunnel releases starting with the right wrist first and eventually performing left carpal tunnel release and trigger finger release. On September 18, 2015, utilization review denied a request for an inferential unit thirty day rental. A request for cold therapy unit for purchase was modified to a cold therapy unit 7 day rental. A request for post-operative physical therapy at three times a week for four weeks was modified to physical therapy eight sessions. A request for carpal tunnel release of the right wrist, physician's assistant, medical clearance consultation and labs (CBC, BMP, PT-PTT UA, EKG) was authorized.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: IF (Interferential) unit x30 day rental:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** Regarding the Interferential Current Stimulation (ICS), the California MTUS Chronic Pain Medical Treatment Guidelines, Transcutaneous electrotherapy state, "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues." As there is insufficient medical evidence regarding use in this clinical scenario, the determination is for not medically necessary.

**Associated surgical service: Cold therapy unit for 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 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) Forearm, Wrist and Hand, cryotherapy.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of cryotherapy for the hand. According to ODG, Forearm, Wrist and Hand, cryotherapy is not recommended. Cold packs are recommended for at home application during first few days and thereafter application of heat. As the guidelines do not recommend cryotherapy for the hand, the determination is for not medically necessary.

**Post-operative physical therapy 3x a week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome.

**Decision rationale:** Per the CA MTUS/Post Surgical Treatment Guidelines, Carpal tunnel syndrome, page 16, 3-8 visits over a 3 month period is authorized. In this case the requested number of visits exceeds the number of visits specified by the CA MTUS Post Surgical Treatment Guidelines. Therefore the determination is for not medically necessary.