

<b>Case Number:</b>	CM15-0209142		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	05/05/2012
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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] beneficiary who has filed a claim for carpal tunnel syndrome (CTS) reportedly associated with an industrial injury of May 6, 2012. In a Utilization Review report dated October 15, 2015, the claims administrator partially approved a request for 30-day rental of a Q-tech cold recovery system with purchase of wrap as a seven-day rental of the same while denying a request for a sling outright. The claims administrator suggested the applicant had undergone a carpal tunnel release surgery on September 24, 2015. The applicant's attorney subsequently appealed. On October 13, 2015, the applicant was placed off of work, on total temporary disability. It was stated that the applicant had undergone an earlier carpal tunnel release surgery on September 24, 2015. The applicant's sutures were removed. The applicant had commodities including asthma, diabetes, and hypertension, it was reported. The applicant was asked to pursue postoperative physical therapy. Flexeril was endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective 30 day rental for one Q-Tech cold therapy recovery system with purchase of wrap:** 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), Forearm, Wrist and Hand.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (CTS), Continuous cold therapy (CCT) and Other Medical Treatment Guidelines ACOEM Occupational Medicine Practice Guidelines, 3rd. ed., Hand, Wrist, and Forearm Disorders, page 855.

**Decision rationale:** The request for 30-day rental of Q-tech cold recovery system with purchase of a wrap was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of postoperative cryotherapy devices following carpal tunnel release surgery, as seemingly transpired here. While the Third Edition ACOEM Guidelines do support usage of a cooling blanket and cryotherapy device as part of postoperative rehabilitation following carpal tunnel surgery, ACOEM qualifies its position by noting that said cooling blanket/cryotherapy device should be employed during the postoperative window. Here, thus, the request for a 30-day rental of the device in question did seemingly represent treatment in excess of ACOEM parameters and also in excess of the ODG's Carpal Tunnel Syndrome Continuous Cold Therapy topic, which also notes that said continuous cold therapy devices should be employed only in the postoperative setting, for no more than 7 days. Therefore, the request is not medically necessary.

**Retrospective purchase of one Pro Sling:** 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), Forearm, Wrist and Hand.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** The request for purchase of a sling for postoperative use is likewise not medically necessary, medically appropriate, or indicated here. The request in question appeared to represent a request for continued immobilization or splinting of the hand following carpal tunnel release surgery of September 24, 2015. However, the MTUS Guideline in ACOEM Chapter 11, page 270 notes that splinting the wrist beyond 48 hours following carpal release surgery may be "largely detrimental." Therefore, the request is not medically necessary.