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| Case Number: | CM15-0030037 | | |
| Date Assigned: | 02/23/2015 | Date of Injury: | 07/18/2005 |
| Decision Date: | 04/02/2015 | UR Denial Date: | 02/11/2015 |
| Priority: | Standard | Application Received: | 02/18/2015 |

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: Illinois, California, Texas
 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 56-year-old female with an industrial injury dated 7/18/05, relative to repetitive use of the upper extremities. Past surgical history was positive for bilateral carpal tunnel release in 1998 and 2005. The 9/24/14 EMG/NCV documented residual slowing of the median nerve across the carpal tunnel on the right wrist only. She underwent revision right carpal tunnel release on 1/20/15. The 2/2/15 treating physician report indicated she was 2-weeks post revision carpal tunnel release with no evidence of injection. Physical exam documented slight loss of hand/wrist range of motion. A 2/5/15 request for a cold compression unit with pad, wrap and sling was submitted. On 2/11/15, the request for post-operative Q-Tech Cold Therapy Recovery System with purchase of a wrap and pad for 21 days for right wrist/hand and Pro sling right wrist/hand status post right carpal tunnel revision 1/20/15 was denied by utilization review. ODG was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Q Tech cold therapy recovery system with purchase of a wrap and pad for 21 days for the right wrist/hand: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Carpal Tunnel Chapter- Continuous Cold Therapy unit and ODG Shoulder Chapter, Cold Compression Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Carpal Tunnel Syndrome: Continuous cold therapy (CCT) Shoulder: Cold compression therapy.

Decision rationale: The California MTUS is silent regarding cold therapy units. The Official Disability Guidelines (ODG) state that continuous cold therapy is an option for up to 7 days in the post-operative setting following carpal tunnel release. The ODG do not recommend cold compression therapy in for patients undergoing upper extremity surgeries. There is no evidence of improved clinical post-operative outcomes for patients using an active cooling and compression device over those using ice bags and elastic wrap after upper extremity surgery. Given the absence of guideline support for the use of cold compression therapy, or the use of continuous cold therapy for longer than 7 days, this request is not medically necessary.

Pro Sling for the wrist/hand (status post carpal tunnel revision 1/20/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Carpal Tunnel Syndrome Chapter, Splinting.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome: Splinting.

Decision rationale: The California MTUS and Official Disability Guidelines state that splinting the wrist beyond 48 hours following carpal tunnel release may be largely detrimental, especially when compared to a home physical therapy program. Given the absence of guideline support for post-op splinting, this request is not medically necessary.