

<b>Case Number:</b>	CM15-0040905		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	04/19/2011
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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: Maryland, Virginia, North Carolina  
 Certification(s)/Specialty: Plastic 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 53-year-old male, who sustained a work/ industrial injury on 4/19/11. He has reported initial symptoms of neck, back, and right upper and lower extremity pain. The injured worker was diagnosed as having cervical sprain/strain with disc herniation at C5-6; low back pain without radicular pain, bilateral shoulder pain with right rotator cuff tear, carpal tunnel syndrome, and anxiety due to chronic pain. Treatments to date included medication, surgery (right shoulder rotator cuff repair 12/5/14), physical therapy, and steroid epidural nerve blocks. Currently, the injured worker complains of chronic neck, back, and right upper and lower extremity pain with numbness and tingling. There was also note of depression. The treating physician's report (PR-2) from 1/19/15 reported an examination that noted tenderness, tightness, and spasm with palpation. Flexion and extension of cervical spine remains at 45. Phalen's and Tinel's were positive. Diagnosis was cervical and lumbar strain with history of radiculopathy and disc disease, residual from post-right shoulder decompression, left shoulder impingement, carpal tunnel syndrome (CTS) worse on the right, and depression. Current medications included Norco, Diclofenac, and Clonazepam. Treatment plan was to include further treatment for epidural injections, and surgery for carpal tunnel. There was a request for associated surgical service to include sterile wrist pad for purchase and arm sling for purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Sterile wrist pad 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Carpal tunnel syndrome, continuous cold therapy.

**Decision rationale:** The patient is a 53-year-old male who is certified for carpal tunnel release. DME in the form of a sterile wrist pad for purchase was requested. It is not clear from the request and the medical documentation whether this is a form of continuous cold therapy or heat therapy. A purchase of either one should not be considered medically necessary, as treatment should be on a temporary basis. From ODG, for carpal tunnel, continuous cold therapy is recommended as an option only in the postoperative setting and generally for no more than 7 days, including home use. Thus, a purchase would exceed these recommendations and should not be considered medically necessary. Heat therapy is not specifically recommended following carpal tunnel release.

**Associated surgical service: Arm sling 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Carpal Tunnel Syndrome, Ulnar Tunnel Syndrome, and Stenosing Tenosynovitis. James H. Calandruccio. Book Chapter, Campbell's Operative Orthopaedics, Chapter 76, 3637-3660.

**Decision rationale:** The patient is a 53-year-old male who was certified for carpal tunnel release. A sling following carpal tunnel release is not specifically addressed in ACOEM or ODG. However, from Campbell's Operative Orthopaedics, the following is stated with respect to postoperative care following carpal tunnel release: 'A light compression dressing and a volar splint may be applied. The hand is actively used as soon as possible after surgery, but the dependent position is avoided.' As a sling can help to contribute to a dependent position, it should not be considered medically necessary.