

<b>Case Number:</b>	CM15-0052012		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	12/08/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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 chronic hand and wrist pain reportedly associated with an industrial injury of December 8, 2012. In a Utilization Review Report dated February 26, 2015, the claims administrator denied requests for a micro cool unit for the postoperative risk and an exercise kit for the postoperative risk. The claims administrator referenced an RFA form received on February 17, 2015 in its determination. The claims administrator suggested (but did not clearly state) that the applicant was pending carpal tunnel release surgery. The applicant's attorney subsequently appealed. On February 2, 2015, the applicant reported severe elbow and wrist pain, 7-9/10. Thumb pain complaints were also evident. Portions of the note appear to have been truncated. A post-operative wrist brace, preoperative clearance evaluation, preoperative laboratory testing, a micro cool unit, and an exercise kit were endorsed while the applicant was seemingly kept off work, on total temporary disability. Authorization was sought for a carpal tunnel release surgery and/or flexor tendon synovectomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Micro cool unit for the postoperative right wrist:** Overturned

**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 Syndrome, Continuous cold therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 Hand, Wrist, and Forearm Disorders Post Operative Rehabilitation Cryotherapy/Cooling Blanket Cryotherapy/Cooling Blanket.

**Decision rationale:** Yes, the request for micro cool unit for the postoperative wrist was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Hand, Wrist, and Forearm Chapter note that cryotherapy and cooling blanket are recommended during post-operative rehabilitation following carpal tunnel release surgery, as was planned here. The request for a micro cool unit for postoperative use purposes for the wrist, thus, was indicated and in-line with ACOEM parameters. Therefore, the request was medically necessary.

**Exercise kit for the post-operative right wrist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83; 309.

**Decision rationale:** Conversely, the request for an exercise kit for the postoperative wrist was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. Thus, ACOEM seemingly takes the position that exercise kits and the like are articles of applicant responsibility as opposed to articles of payer responsibility. The MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 also notes that back-specific exercise machines are "not recommended." By analogy, thus, the exercise kit for the wrist was likewise not recommended. It is further noted that the attending provider failed to furnish any compelling applicant-specific rationale so as to augment the request at hand. Little-to-no narrative commentary accompanied the RFA form. It was not stated why the applicant would be unable or incapable of performing home exercises of his/her own accord. Therefore, the request was not medically necessary.