

Case Number:	CM15-0059692		
Date Assigned:	04/06/2015	Date of Injury:	11/14/2013
Decision Date:	06/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/30/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58-year-old male who reported injury on 11/14/2013. The mechanism of injury was not provided. The documentation indicated the injured worker had been approved for a left carpal tunnel release. The diagnoses included carpal tunnel syndrome. The surgical history included a carpal tunnel release and trigger finger release on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op L CTR purchase of motorized cold therapy unit: 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), 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), Carpal Tunnel Syndrome Chapter, Continuous cold therapy (CCT).

Decision rationale: The Official Disability Guidelines indicate that continuous cold therapy is recommended postoperative for no more than 7 days. This request would be supported for a rental for 7 days. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for postoperative left CTR purchase of motorized cold therapy unit is not medically necessary.

Post-op L CTR purchase of TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TENS (transcutaneous electrical neurostimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-116.

Decision rationale: The California MTUS Guidelines indicate that postoperative TENS unit is appropriate for acute postoperative pain for the first 30 days. There was a lack of documentation indicating a necessity for a purchase of a TENS unit. The documentation indicated the injured worker was to undergo surgical intervention on the left wrist. This request would be supported for up to 30 days. Given the above and the lack of documentation, the request for Post-op L CTR purchase of TENS unit is not medically necessary.

Post-op L CTR purchase of an arm 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), splinting.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264.

Decision rationale: The ACOEM Guidelines indicate that initial care for carpal tunnel release includes splinting of the wrist in neutral position day and night. There was a lack of documented rationale for the necessity of a postoperative sling. Given the above, the request for postoperative left CT purchase of an arm sling is not medically necessary.

Post-op L CTR purchase of hand exercise kit: 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), Exercises.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Durable Medical Equipment (DME) Exercise equipment.

Decision rationale: The Official Disability Guidelines, indicate that exercise equipment is not considered primarily medical in nature and as such would not be supported. The request as

submitted failed to indicate the specific components for the hand exercise kit. This request would not be supported. Given the above, the request for Post-op L CTR purchase of hand exercise kit is not medically necessary.