

<b>Case Number:</b>	CM14-0121650		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	03/05/1998
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 was reportedly injured on March 5, 1998. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated July 17, 2014, indicated that there were ongoing complaints of right wrist and hand pains, and throbbing pain in the distal right upper extremity. The physical examination demonstrated incomplete range of motion of the digits of the right hand, a moderate and generalized edema of the fingers, hand and wrist and no evidence of discharge or infection. Diagnostic imaging studies were not obtained. Previous treatment included surgical intervention (bilateral carpal tunnel release) and postoperative rehabilitation. A request was made for durable medical equipment and was not certified in the pre-authorization process on July 17, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase Cold Therapy Unit Pad:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist, & Hand (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): electronically cited.

**Decision rationale:** As noted in the MTUS, such intervention is indicated after surgery but not for nonsurgical treatment. When noting the date of injury, the treatment rendered, the current clinical situation there is no clinical indication presented to support the need for the purchase of a cold therapy unit. Therefore, based on the clinical information presented for review this is not medically necessary.

**Continious passive motion unit rental x 30 days:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist, & Hand (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): electronically cited. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter updated August, 2014

**Decision rationale:** there is no citation the MTUS or ACOEM guidelines concerning is. However, the ODG supports continuous passive motion for the knee alone. There is no indication for this type of intervention for a status post carpal tunnel release surgery. Therefore, based on the clinical information presented, and by the parameters noted in the guidelines, this is not medically necessary.

**Purchase continious passive motion soft goods:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist, & Hand (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): electronically cited. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter updated August, 2014

**Decision rationale:** there is no citation the MTUS or ACOEM guidelines concerning is. However, the ODG supports continuous passive motion for the knee alone. There is no indication for this type of intervention for a status post carpal tunnel release surgery. Therefore, based on the clinical information presented, and by the parameters noted in the guidelines, this is not medically necessary.

**Tech and set up fee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist, & Hand (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): electronically cited.

**Decision rationale:** A review of the American College of Occupational and Environmental Medicine guidelines supports continuous passive motion for the knee alone. There is no indication for this type of intervention for a status post carpal tunnel release surgery. Therefore, based on the clinical information presented and by the parameters noted in the guidelines, the underlying request for a continuous passive motion machine is not medically necessary. As such, a technician is not medically necessary.

**Purchase 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: Forearm, Wrist, & Hand (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): electronically cited.

**Decision rationale:** As noted in the MTUS, such intervention is indicated after surgery but not for nonsurgical treatment. When noting the date of injury, the treatment rendered, the current clinical situation there is no clinical indication presented to support the need for the purchase of a cold therapy unit. Therefore, based on the clinical information presented for review this is not medically necessary.