

Case Number:	CM14-0125414		
Date Assigned:	08/11/2014	Date of Injury:	07/01/2010
Decision Date:	10/21/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/07/2014

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 Orthopedic Surgery and is licensed to practice in California. 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:

This is a 40-year-old female who was injured on 7/1/10. The medical records provided for review included the clinical follow up report dated 6/10/14 describing that the claimant had continued pain in the right wrist with examination findings showing thenar atrophy, positive Durkan's Test, and numbness. The recommendation at that time was for right carpal tunnel release surgery with flexor tenosynovectomy and decompression. There are multiple perioperative requests in relationship to the claimant's surgical process to include the purchase of an interferential unit and supplies for five months time, purchase of a cryotherapy device, and purchase of a home hand exercise kit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inferential (IFC) Unit and supplies x 5 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118, 120.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, the request for an interferential unit and five months of supplies is not recommended as medically necessary. The

Chronic Pain Guidelines do not recommend interferential devices as an isolated intervention due to the lack of quality evidence demonstrating their efficacy except in conjunction with treatments including return to work, exercise, and medications. They are typically not recommended as an isolated intervention in the postoperative setting acutely. While the Chronic Pain Guidelines would support the post-operative use of a transcutaneous electrical nerve stimulation device for up to thirty days, the request for an interferential device with five months of supplies would fail to meet guideline criteria for support. Therefore the request is not medically necessary.

Micro Cool 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, Carpal Tunnel Chapter, Continuous cold therapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Procedure, Continuous Cold Therapy (CCT)

Decision rationale: The California ACOEM Guidelines and supported by the Official Disability Guidelines would not support the purchase of a Micro-cool device. The ACOEM Guidelines support the application of cold for pain and swelling. The Official Disability Guidelines recommend the use of cryotherapy devices in the postoperative setting following carpal tunnel and associated hand/wrist procedures for up to seven days including home use. Therefore, there would be no indication for purchase of the above device or usage of the device beyond seven days. The request in this case would not be supported as medically necessary.

Hand Home Exercise Kit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Procedure

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the Official Disability Guidelines, the purchase of a hand home exercise kit would not be indicated. There is no indication for the acute use of an exercise kit following the claimant's surgery. It is also unclear as to why transition to an outlined home exercise program or use of formal physical therapy would not be more appropriate following the surgical procedure. The initial use of a home "kit" without documentation of postoperative examination findings or documentation of specific instruction on an exercise program with or without conjunction of physical therapy would not be indicated. Therefore the request is not medically necessary.