

Case Number:	CM14-0146241		
Date Assigned:	09/12/2014	Date of Injury:	07/01/2013
Decision Date:	10/14/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/09/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 41-year-old female with a date of injury of 07/01/2013. The listed diagnosis per [REDACTED] is carpal tunnel syndrome. According to progress report 07/25/2014, the patient complains of intermittent weakness in her right hand and reports dropping things several times with difficulty twisting and opening a jar. Examination revealed negative Tinel's but positive Phalen's and Durkan's test, both giving numbness and tingling to the third digit of the right hand. Treating physician states the patient will be "booked for right flexor tenosynovectomy with carpal tunnel release." The treating physician is requesting durable medical equipment postoperatively, a MicroCool machine, and DVT compression pump with sleeves for 30 days. Utilization review denied the request on 08/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Micro cool 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, Carpal Tunnel Syndrome (Acute & chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This patient presents with intermittent weakness in the right hand with numbness and tingling in the third digit. The treating physician has suggested a right flexor tenosynovectomy with carpal tunnel release. He is requesting a MicroCool unit machine to help decrease swelling and improve functional result. The MTUS and ACOEM Guidelines do not discuss cold therapy units. Therefore, ODG Guidelines are referenced. ODG Guidelines have the following regarding continuous-flow cryotherapy, "recommended as an option after surgery but not for nonsurgical treatment. Postoperative use generally may be up to 7 days including home use." The treating physician does not discuss the duration of use for this device and there is no documentation that the patient has been approved for the surgery. Therefore, this request is not medically necessary.

DVT compression pump with sleeves for 4 weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Venous Thrombosis for upper extremity surgery: (ODG guidelines on shoulder chapter)

Decision rationale: This patient presents with intermittent weakness in the right hand with numbness and tingling in the third digit. The treating physician is requesting a DVT compression pump with sleeves "to be applied before surgery and to be utilized for 30 days after surgery to help decrease the chance of deep vein thrombosis and pulmonary embolism." The ACOEM and MTUS guidelines do not discuss DVT compression devices. ODG has the following regarding Venous thrombosis: "Recommend monitoring risk of perioperative thromboembolic complications in both the acute and subacute postoperative periods for possible treatment, and identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy." In this case, there is no indication venous thromboembolism prevention is medically necessary in this patient. Furthermore, there is no indication the surgery being requested has been approved. Therefore, this request is not medically necessary.