

Case Number:	CM14-0184691		
Date Assigned:	11/12/2014	Date of Injury:	02/03/2014
Decision Date:	12/18/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/05/2014

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 Hand Surgery and is licensed to practice in Oregon. 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 39-year-old female with a 2/3/14 data of injury. Her diagnoses per available reports are tenosynovitis and carpal tunnel syndrome. Treatment has included medications, rest, activity restrictions, PT, splint, EIVG/NCV. She is S/P Left Carpal tunnel release on 9/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Vascutherm cold compression rental x 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, Current Edition (Web), Current Year, Forearm, Wrist Hand: Cold Packs

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, continuous cold therapy

Decision rationale: MTUS and ACOEM do not address cryotherapy following carpal tunnel release. Per the ACOEM chapter titled "Elbow Complaints" page 27, "Only one quality study is available on cryotherapy and none on heat. Benefits have not been shown. These options are low cost (as at-home applications), have few side effects, and are not invasive. Thus, while there is

insufficient evidence, at-home applications of heat or cold packs are recommended" According to ODG guidelines, "Carpal Tunnel Syndrome", continuous cold therapy is "Recommended as an option only in the postoperative setting, with regular assessment to avoid frostbite. Postoperative use generally should be no more than 7 days, including home use. A prospective randomized study was performed comparing the efficacy of a temperature-controlled cooling blanket (CCT) or a standard ice pack in the postoperative treatment of 72 patients with carpal tunnel syndrome. Patients who used CCT showed significantly greater reduction in pain, edema (wrist circumference), and narcotic use postop than did those using ice therapy. In this study the controlled cold therapy was only used for 3 days. Complications related to cryotherapy, including frostbite, are rare but can be devastating. The surgeon is requesting a 30 day rental, but ODG supports only a 7 day treatment period. The request for a 30-day rental is not supported. Therefore, the request for Vascutherm cold compression is not medically necessary.

Associated surgical service: Compression wrap purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, Current Edition (Web), Current Year, Forearm, Wrist Hand: Cold Packs

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: The ACOEM and ODG guidelines do not provide any support for compression wrapping following carpal tunnel release. In addition, there is no peer reviewed support for compression wrapping to improve outcomes after carpal tunnel release. The request for Compression wrap is not medically necessary.