

Case Number:	CM14-0210182		
Date Assigned:	01/13/2015	Date of Injury:	04/27/2007
Decision Date:	02/28/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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

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

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 patient with a date of injury of 4/27/07. A utilization review determination dated 11/25/14 recommends non-certification/modification of Q-Tech cold therapy, X-Force TENS unit, and Pro-Sling. The records note that a left carpal tunnel release surgery was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-Tech cold therapy: 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

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 Flow Cryotherapy

Decision rationale: Regarding the request for cold therapy, California MTUS does not address the issue. ODG supports the use of continuous-flow cryotherapy for up to 7 days after CTS

surgery. Within the documentation available for review, the patient was authorized for carpal tunnel release, but a request for purchase or open-ended rental is not supported and there is, unfortunately, no provision for modification of the request to the supported 7-day use. In light of the above issues, the currently requested cold therapy is not medically necessary.

1 X-Force TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117 of 127. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://www.aetna.com/cpb/medical/data/1_99/0011.html

Decision rationale: Regarding the request for X-Force TENS unit, this is noted to be a combination unit with TENS and TEJS. CA MTUS states that TENS is recommended as a treatment option for acute post-operative pain in the first 30 days post-surgery. Regarding TEJS, the CA MTUS, ACOEM, and ODG do not address the issue. Aetna notes that transcutaneous electrical joint stimulation devices are experimental and investigational for the treatment of osteoarthritis and all other indications because their effectiveness has not been established. Within the documentation available for review, the patient was authorized for carpal tunnel release, but a request for purchase or open-ended rental of TENS is not supported and there is, unfortunately, no provision for modification of the request to the supported 30-day use. Furthermore, there is no support for the TEJS component of the device in the management of pain after carpal tunnel release. In light of the above issues, the currently requested X-Force TENS unit is not medically necessary.

1 Pro-sling: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Regarding the request for Pro-Sling, CA MTUS does not address the issue. ODG notes that there is no beneficial effect from postoperative splinting after carpal tunnel release when compared to a bulky dressing alone. Within the documentation available for review, there is no clear rationale presented identifying the medical necessity of a Pro-Sling for the postoperative management of the patient's wrist after carpal tunnel release. In light of the above issues, the currently requested Pro-Sling is not medically necessary.