

Case Number:	CM15-0109197		
Date Assigned:	06/15/2015	Date of Injury:	06/02/2014
Decision Date:	07/16/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/05/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 27-year-old who has filed a claim for chronic hand and wrist pain reportedly associated with an industrial injury of June 2, 2014. In a Utilization Review report dated May 18, 2015, the claims administrator failed to approve a request for 21 days of continuous flow cryotherapy following a left carpal tunnel release surgery of March 23, 2015. The applicant's attorney subsequently appealed. On May 23, 2015, the applicant underwent a seemingly uncomplicated left carpal tunnel release surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

21 days Rental of Q-Tech Therapy Recovery System with Wrap: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition, Chapter: Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines Carpal Tunnel Syndrome (CTS), Continuous cold therapy (CCT).

Decision rationale: No, the request for 21 days of rental of a Q-Tech Recovery System with associated wrap was not medically necessary, medically appropriate, or indicated here. The request in question was framed as a postoperative request for cryotherapy following earlier carpal tunnel release surgery of March 23, 2015. The MTUS does not address the topic of postoperative cryotherapy. However, ODG's Carpal Tunnel Syndrome Chapter Continuous Cold Therapy topic notes that continuous cooling devices should be limited to no more than seven days of postoperative use, owing to the risk of frostbite. Here, the attending provider failed to furnish a compelling rationale for such a lengthy, protracted course of cryotherapy well in excess of ODG parameters. Therefore, the request was not medically necessary.