

<b>Case Number:</b>	CM15-0011204		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	06/12/2012
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports 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 injured worker is a 59-year-old female who reported injury on 06/12/2012. The mechanism of injury was not provided. The injured worker underwent a left carpal tunnel release and left finger release as well as a left trigger finger release. The documentation of 12/01/2014 revealed the injured worker was 3 days postoperative for a right carpal tunnel release. The injured worker had mild pain. The injured worker was doing well overall. The injured worker was neurovascularly intact with mild swelling. The diagnoses included postsurgical status and carpal tunnel syndrome. The treatment plan included a return in 2 weeks for sutures to be removed and a wrist brace was provided. There was a lack of documentation for the date of 05/16/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Retrospective pneumatic compression, DOS: 5/16/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Venous thrombosis

**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 Chapter, Continuous Cold Therapy.

**Decision rationale:** The Official Disability Guidelines indicate that continuous cold therapy is recommended as an option in the postoperative setting for no more than 7 days. There was a lack of documented rationale for the use of the device. Additionally, the body part to be treated with the retrospective pneumatic compression was not provided. Given the above, the request for associated surgical service retrospective pneumatic compression DOS 05/16/2014 is not medically necessary.