

Case Number:	CM15-0012563		
Date Assigned:	01/30/2015	Date of Injury:	03/03/2011
Decision Date:	03/23/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic Surgery

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 51 year old female, who sustained a work/ industrial injury on 3/3/11 due to cumulative trauma. She has reported symptoms of low back, left knee, right arm, and hand pain. There was increased tingling in the left hand. Examination revealed joint pain, muscle spasm, numbness in the left upper extremity, and stomach pain. Prior medical history was not documented. Surgery included right tunnel release on 4/22/14. The diagnoses have included bilateral mild carpal tunnel syndrome. Treatment to date has included chiropractic therapy, physical therapy, activity modification, home exercise program, cortisone injections, wrist bracing, and medications. Cortisone injection was given to the left wrist on 9/10/13 and right wrist on 10/17/13 with greater than 50% reduction of symptoms of numbness and tingling that lasted for a 16 week period. Due to diagnosis of left carpal tunnel syndrome, possible flexor tenosynovectomy or medial neurolysis was ordered and also purchase of a continuous cold therapy unit. On 1/6/15 Utilization Review non-certified a Purchase of continuous cold therapy unit; Left wrist possible flexor tenosynovectomy/median neurolysis, noting the California Medical treatment Utilization Schedule (MTUS) ,Official Disability Guidelines (ODG), and American College of Occupational and Environmental Medicine (ACOEM) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of continuous cold therapy unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Carpal Tunnel Syndrome (updated 11/11/14) Continuous cold therapy (CCT)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation carpal tunnel syndrome

Decision rationale: The patient was certified for left carpal tunnel release. A continuous cold therapy unit was modified to only a 7 day use rental. This is consistent with ODG guidelines, who state 'Postoperative use generally should not be more than 7 days, including home use.' Thus, the UR was correct in its modification and purchase of a continuous cold therapy unit should not be considered medically necessary.

Left wrist possible flexor tenosynovectomy/median neurolysis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation carpal tunnel syndrome

Decision rationale: The patient is a 51 year old female with signs and symptoms of left carpal tunnel syndrome that had failed conservative management. A request had been made for a flexor tenosynovectomy in combination with the carpal tunnel release. There is not sufficient justification for performing a flexor tenosynovectomy in this patient. ACOEM guidelines do not address this, but ODG states that routine use of tenosynovectomy is not recommended. Therefore, without clear justification for the tenosynovectomy other than routine use, this should not be considered medically necessary.