

<b>Case Number:</b>	CM15-0128354		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	04/14/2015
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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, Hand 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 sustained an industrial injury on 4/14/2015. She reported pain, numbness and dysesthesias in her right hand and pain in her right upper extremity. Diagnoses have included right carpal tunnel syndrome. Treatment to date has included rest, exercise, medication and physical therapy. According to the progress report dated 6/9/2015, the injured worker was working modified duty. Exam of the right upper extremity showed positive Tinel's sign and positive Phalen sign at the carpal tunnel. There was decreased sensation and weakness in the right median nerve distribution. Authorization was requested for right carpal tunnel surgery with post-op physical therapy three times a week for three weeks and a cold therapy unit for fourteen days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical services: physical therapy, post operative, 3 x 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

**Decision rationale:** The California MTUS notes that, "there is limited evidence demonstrating effectiveness" of therapy for carpal tunnel syndrome and, "carpal tunnel release surgery is a relatively simple operation" that should not require extensive therapy visits for recovery (page 15). The guidelines support 3-8 therapy sessions over 3-5 weeks after carpal tunnel release surgery (page 16). An initial course of therapy is defined as one half the maximal number of visits (page 10) 4 sessions following carpal tunnel surgery. Additional therapy sessions up to the maximum allowed is appropriate only if there is documented functional improvement defined as clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment (page 1). The requested 9 therapy sessions exceeds guidelines. The request is not medically necessary.

**Associated surgical services: CTU (cold therapy unit) x 14 days: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), continuous cold therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Shoulder Elbow Surg. 2015 Mar 27. pii: S1058-2746(15)00077-4. doi: 10.1016/j.jse.2015.02.004. [Epub ahead of print] Compressive cryotherapy versus ice-a prospective, randomized study on postoperative pain in patients undergoing arthroscopic rotator cuff repair or subacromial decompression. Kraeutler MJ1, Reynolds KA2, Long C2, McCarty EC2.

**Decision rationale:** This request is for a commercial cold therapy unit following carpal tunnel release surgery. There is no medical evidence such units are superior to the application of cold with readily available materials such as a bag of ice. A search of the National Library of Medicine's PubMed database revealed no evidence of clinical efficacy of such units in this setting; the reference above is a comparison of such units to bags of ice in patients following shoulder surgery. With no scientific evidence of efficacy, the requested cold therapy unit is not medically necessary.