

Case Number:	CM15-0172272		
Date Assigned:	09/14/2015	Date of Injury:	02/19/2014
Decision Date:	10/21/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/01/2015

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 45 year old female, who sustained an industrial injury on February 19, 2014. Several documents are included in the submitted medical records are difficult to decipher. The injured worker was diagnosed as having mild left carpal tunnel syndrome with positive NCS (nerve conduction study). Medical records (May 5, 2015) indicate worsening of the injured worker's ongoing left wrist pain, numbness, and tingling into the hand. Associated symptoms included increased pain at night and inability to grip or grasp objects. Her pain level is 5-6 out of 10. Per the treating physician (May 5, 2015 report), the patient is retired and not working. The physical exam (May 5, 2015) reveals tenderness of the flexor and extensor tendons, positive Tinel's and Phalen's, decreased sensation of the left median nerve distribution. Records also indicate neurological testing of the bilateral upper extremities was performed on May 12, 2014, which revealed mild left carpal tunnel syndrome. Treatment has included physical therapy without benefit, work modifications, a home exercise program, a left wrist steroid injection, and medications including pain (Norco) and non-steroidal anti-inflammatory (Voltaren since at least). On May 5, 2015, the requested treatments included a left carpal tunnel release with possible flexor tenosynovectomy and-or median neurolysis and a continuous cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: continuous cold therapy unit; purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel, Continuous cold therapy (CCT).

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations. 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 is a request for a commercial cold therapy unit to be used after proposed carpal tunnel release. There is no scientific evidence such units improve patient outcomes following such surgery and therefore such units are not included in any evidence based protocols such as those incorporated in the California MTUS. There are no studies of such units in this clinical scenario, but studies in other post-surgical settings such as the shoulder surgery trial referenced above have failed to document any benefit over cooling with readily available materials such as a bag of ice. Therefore, the request is determined to be unnecessary.