

Case Number:	CM15-0069245		
Date Assigned:	04/16/2015	Date of Injury:	12/26/2008
Decision Date:	05/15/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/13/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54-year-old male, who sustained an industrial injury on 12/26/2008. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having status post right carpal tunnel release, status post left carpal tunnel release, right ulnar neuritis, left ulnar neuritis, status post repeat left carpal tunnel release, status post left ulnar nerve release, post-operative infection of the left wrist, and status post repeat left carpal tunnel release and ulnar nerve transposition surgery. Treatment to date has included physical therapy, medication regimen, occupational therapy, home exercise program, and above listed procedures. In a progress note dated 03/06/2015 the treating physician reports complaints of left elbow pain with the pain rated a five out of ten with medication and a rating of a nine out of ten without medication on the visual analog scale. The treating physician also indicates a decreased sensation to the left thumb, index finger, middle finger, and ring finger. On 03/16/2015 physical therapy requested left edema glove and putty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twenty (20) oz of putty to the left elbow: Overturned

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 Syndrome (Acute & Chronic) Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The claimant sustained a work injury in December 2008. Treatments have included bilateral carpal tunnel release surgeries and a left ulnar cubital tunnel decompression. His left carpal tunnel surgery postoperative course was complicated by a left wrist infection. When seen, he was participating in occupational therapy but had increased pain and swelling after treatments. He was having ongoing elbow pain. He had decreased left hand sensation and elbow range of motion. Authorization for a glove for the control of edema and for putty was requested. In this case, the claimant is receiving occupational therapy treatments. Compliance with a home exercise program would be expected and would not require continued skilled therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of elastic exercise bands, Theraputty, and self-applied modalities for desensitization, strengthening, and range of motion. The requested putty would be appropriate for this use and is medically necessary.

Left hand edema glove: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Carpal Tunnel Syndrome (Acute & Chronic) Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), Lymphedema pumps.

Decision rationale: The claimant sustained a work injury in December 2008. Treatments have included bilateral carpal tunnel release surgeries and a left ulnar cubital tunnel decompression. His left carpal tunnel surgery postoperative course was complicated by a left wrist infection. When seen, he was participating in occupational therapy but had increased pain and swelling after treatments. He was having ongoing elbow pain. He had decreased left hand sensation and elbow range of motion. Authorization for a glove for the control of edema and for putty was requested. Conservative treatment of edema includes exercise, elevation, and the use of compression garments. In this case, the claimant has activity related edema. The requested compression garment is medically necessary.