

Case Number:	CM13-0015704		
Date Assigned:	03/19/2014	Date of Injury:	07/07/2010
Decision Date:	04/15/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/23/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 50-year-old female with a date of injury of 7/7/2010. The patient's covered body regions as part of the industrial claim include the bilateral wrist and hands. The injured worker was scheduled for a left carpal tunnel release on 8/15/2013 at the time the request for a cold therapy unit was requested. The disputed issue is a request for a Polar Care 30 day and purchase. A utilization review decision had denied this request. The utilization reviewer noncertified the request for Polar Care, with reasoning that there is "no reason for a costly CTU," and that at home application of ice should suffice following carpal tunnel release surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

POLAR CARE 30 DAY AND PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Continuous cold therapy.

Decision rationale: The MTUS/ACOEM Guidelines indicate that "at home application of heat or cold packs (D)" is recommended as an option in wrist/hand pain. The Official Disability

Guidelines state the following regarding Continuous Cold Therapy (CCT): "Recommended as an option only in the postoperative setting, with regular assessment to avoid frostbite. Postoperative use generally should be no more than 7 days, including home use. A prospective randomized study was performed comparing the efficacy of a temperature-controlled cooling blanket (CCT) or a standard ice pack in the postoperative treatment of 72 patients with carpal tunnel syndrome. Patients who used CCT showed significantly greater reduction in pain, edema (wrist circumference), and narcotic use postop than did those using ice therapy. In this study the controlled cold therapy was only used for 3 days. Complications related to cryotherapy, including frostbite, are rare but can be devastating." In this case, the MTUS/ACOEM Guidelines recommend the use of at home ice for wrist conditions in general. The Official Disability Guidelines recommend a continuous cold therapy as an option for seven (7) days, but never as a thirty (30) day rental and then purchase. Thus, this request is not compliant with the established guidelines, and is recommended for non-certification.