

<b>Case Number:</b>	CM13-0017498		
<b>Date Assigned:</b>	09/27/2013	<b>Date of Injury:</b>	02/09/2011
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	07/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### 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 Internal 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 patient is an injured worker with the diagnoses of chronic cervical myofascial strain; residuals status post right shoulder arthroscopic subacromial decompression and removal of calcium deposits; left shoulder impingement syndrome with bursitis; status post bilateral carpal tunnel release surgery, with residuals and bilateral thumb stenosing tenosynovitis, improved status post injection therapy. The date of injury was 02-09-2011. Orthopaedic re-examination and updated maximum medical improvement report was provided by [REDACTED] for date of service September 6, 2013: The patient was seen by hand specialist [REDACTED] on August 16, 2013. The diagnoses were right cubital tunnel syndrome, right carpal tunnel syndrome status post release, left carpal tunnel syndrome status post release, right thumb stenosing flexor tenosynovitis and left thumb stenosing flexor tenosynovitis. He felt that the injuries were industrially related on a cumulative trauma basis during her twelve year history as a seamstress. He noted she hadn't worked in two months due to her symptoms. It was his opinion that the patient required a right cubital tunnel release, right carpal tunnel release, right thumb A1 pulley release, left carpal tunnel release and left thumb A1 pulley release. The plan was for her to follow up PRN and work status was deferred to the primary treating physician. On August 23, 2013, she returned for follow up at which time she indicated she was reluctant to undergo surgery, including the surgeries recommended by [REDACTED] and she was again requesting trigger thumb injections. At that time, under sterile conditions, she underwent bilateral trigger thumb injections. She was last seen on September 6, 2013 at which time she was improved and had no further triggering, since the injections. She had declined any further surgery for either hand. She understood that further surgical treatment had been recommended but she continued to decline further surgery to either upper extremity. Therefore, absent surgery, the patient was again felt to be at maximum medical improvement and therefore permanent and

stationary for rating purposes. Patient's complaints: At this time, the patient reports that her bilateral thumbs are markedly improved with no further triggering since her last injections. She continues to complain of persistent right shoulder pain and right-anterior elbow pain. Since last being seen by this examiner on August 23, 2013, the patient states that she has considered the surgical options recommended and at this time she wishes to defer further hand surgery. She understands that absent surgery she would again be at maximum medical improvement. This patient is felt to have again reached a point of maximum medical improvement from acute orthopaedic care for treatment of injuries sustained at work on February 9, 2011 (listed date of injury). Therefore, the patient is permanent and stationary as of today's date. The utilization review dated 07-30-2013 recommended non-certification of Trunk Pad for DVT Unit. Rationale: This patient had a work related injury on 2/9/11. She had hand surgeries but has ongoing complaints of pain and dysfunction. Per the 7/13 note, the patient is refusing surgery. Noting that no surgery is being undertaken, there is no need for cold therapy limb compression device or a trunk pad. From ODG: The Game Ready system combines Continuous-flow cryotherapy with the use of vaso-compression. While there are studies on Continuous-flow cryotherapy, there is no published high quality, studies on the Game Ready device or any other combined system.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**TRUNK PAD FOR DVT UNIT:** 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)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic).

**Decision rationale:** The California MTUS ACOEM 2nd Edition (2004) Table 11-7 Summary of Recommendations for Evaluating and Managing Forearm, Wrist, and Hand Complaints (Page 271) states: At-home applications of heat or cold packs is optional (D). The California MTUS ACOEM 2nd Edition (2004) Table 9-6 Summary of Recommendations for Evaluating and Managing Shoulder Complaints (Page 212) also states: At-home applications of heat or cold packs is optional (D). The Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic) state: Continuous cold therapy (CCT) is recommended as an option only in the postoperative setting. There is limited evidence demonstrating the effectiveness of PT or OT for CTS. Passive modalities, such as heat, iontophoresis, phonophoresis, ultrasound and electrical stimulation, should be minimized in favor of active treatments. Cold packs are recommend at-home local applications of cold packs first few days of acute complaints; thereafter, applications of heat therapy. The California MTUS guidelines do not address cold therapy limb compression devices. Official Disability Guidelines (ODG) recommends continuous cold therapy (CCT) as an option only in the postoperative setting. The medical record documents that at three clinic visits on 08-16-2013, 08-23-2013, and 09-06-2013, patient expressed her desire to defer surgery. Since the patient has decided to not have surgery, continuous cold therapy (CCT) is not recommended,

and a cold therapy limb compression device is not medically necessary. Therefore, the request for a trunk pad is not medically necessary.