

<b>Case Number:</b>	CM13-0021403		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	03/16/2012
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, 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 physician 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 claimant is a 28-year-old gentleman who was injured in a work related accident on March 16, 2012. Clinical records specific to his right wrist indicate an MR arthrogram of October 25, 2012 that shows an apparent tear to the TFCC complex. A clinical assessment of July 30, 2013 by treating physician [REDACTED], orthopedic surgeon, documented review of the claimant's MRI and gave him the diagnosis of right wrist TFCC tear with status post right wrist dorsal ganglion cyst excision. It stated at that time that he was scheduled to undergo a right wrist arthroscopy on August 14, 2013 for assessment of the TFCC tear with debridement and possible repair. He was noted to have failed conservative care. There is documentation of a request for the purchase of a cryotherapy device for the right wrist in the postoperative setting.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op cold therapy unit for right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Update: carpal tunnel procedure - Continuous cold therapy (CCT)

**Decision rationale:** California ACOEM and MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, cryotherapy devices are typically recommended in the postoperative setting for only up to seven days including home use. Literature does not support the role of purchase or use beyond seven days in the setting in wrist or hand/upper extremity surgery. The purchase of the above device thus would not be indicated as medically necessary.