

Case Number:	CM13-0022341		
Date Assigned:	12/11/2013	Date of Injury:	05/25/2011
Decision Date:	01/28/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/10/2013

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Florida. 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 patient is a 51-year-old female who reported an injury on 05/25/2011. The mechanism of injury was not provided for review. According to the documentation, the patient is status post left wrist carpal tunnel release performed on 08/07/2013. The patient has been diagnosed as having bilateral carpal tunnel syndrome, as well as bilateral cubital tunnel syndrome. The patient did undergo the left carpal tunnel release on 08/07/2013, with a potential of having the right carpal tunnel release performed later in the year. However, there is nothing indicating the patient has had that performed as of yet. The physician is now requesting ThermoCooling system (hot/cold/compression therapy) with water circulating wrap x4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermacooling System (Hot/Cold/Compression therapy) with Water Circulating Wrap x 4 weeks: 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) (Knee and Leg Chapter).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter.

Decision rationale: California MTUS does not address the use of hot or cold therapy. Therefore, the California MTUS and ACOEM Guidelines, as well as Official Disability Guidelines have been referred to in this case. Under California MTUS and ACOEM, it states that patients' at home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. Under Official Disability Guidelines, in the Knee and Leg Chapter, for continuous flow cryotherapy, this therapy is recommended as an option after surgery, but not for non-surgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries, to include muscle strains and contusions, has not been fully evaluated. As in the case of this patient, she underwent her left carpal tunnel syndrome release procedure in 08/2013. Therefore, the request is well beyond the 7 day postsurgical use. At this time, the patient can be utilizing hot or cold equipment within her own home to provide comfort measures. These can include warm compresses, ice, warm showers, etc. As such, the requested service is not considered medically necessary and is non-certified.