

Case Number:	CM13-0026376		
Date Assigned:	12/11/2013	Date of Injury:	08/09/2011
Decision Date:	01/22/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/19/2013

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 Family Medicine, and is licensed to practice in California and Arizona. 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:

51 yr. old male who sustained an injury on 8/9./11, which resulted in right wrist pain , right cubital tunnel syndrome and DeQuervain's disease. On 6/26/13 he had a surgical release of the right dorsal compartment as well as cubital tunnel release. A request was made for a cold therapy unit and pad post-operatively via a DME supply company. A follow-up visit on 8/29/13 indicated he had no numbness in the palm but had continued numbness in the 5th finger. He continued to have thumbed tenderness for which NSAIDs were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intelli-Flo pad 3x5: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-270. Decision based on Non-MTUS Citation and J Hand Ther. 2001 Jul-Sep;14(3):208-15. A randomized prospective study to assess the efficacy of two cold-therapy treatments following carpal tunnel release. Hochberg J

Decision rationale: Intelli-Flo pads provide cool temperature regulation. It is often used post-operatively for insulation barrier. According to the guidelines: heat or cold packs can be used at

home before or after exercise and are as effective as therapy. Furthermore the effectiveness of cool temperature regulation is superior to cold packs was shown in the 2001 study referenced above. "This study indicates that after carpal tunnel surgery, the use of CCT (controlled cooling therapy), compared with traditional ice therapy, provides patients with greater comfort and lessens the need for narcotics. As a result, the use of the Intelli-pad is appropriate and medically necessary.