

<b>Case Number:</b>	CM13-0027987		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	12/18/1989
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 61-year-old female who was injured in a work related accident on December 18, 1989. The clinical records available for review in this case indicate multiple body injuries. Prior documentation indicates that at present the claimant is certified for a right wrist carpal tunnel release procedure based on failed conservative care and positive examination findings. It is noted that the surgery has not yet occurred. Specifically available for review in this case in regards to the claimant's surgical procedure for the right wrist is one request for a postoperative cool compression wrap (cold therapy unit rental for four weeks' time). No other clinical information in this record is pertinent to the request at hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op cold compression wrap (cold therapy unit) rental times 4 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, Continuous cold therapy (CCT).

**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 Updates: carpal tunnel procedure - Continuous cold therapy (CCT).

**Decision rationale:** California Guidelines are silent. When looking at Official Disability Guideline criteria, a four week rental of a cryotherapy device for the postoperative setting of a carpal tunnel release cannot be supported. Official Disability Guidelines indicate that cryotherapy devices are only recommended as an option in the postoperative setting with postoperative use generally for no more than seven days. There is no clinical indication as to why a four week rental of the above device would be necessary. The specific request exceeds Guideline criteria and thus would not be indicated.