

<b>Case Number:</b>	CM13-0028627		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	02/15/2012
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2013

### 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 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 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:

This patient is a 47-year-old male, with a date of injury of 02-15-12. The mechanism of injury was overuse of upper extremities. The primary diagnosis is Carpal Tunnel Syndrome 354.0. The Progress Report-2, dated 10-18-13 by [REDACTED] documented subjective complaints of: left wrist pain and weakness. Objective findings included: no bruising, swelling, atrophy, or lesion present at the left wrist. The diagnosis included left carpal tunnel syndrome. The treatment plan was continuation of medication regimen. The operative report documented: Left Carpal Tunnel Release & Flexor Tenosynovectomy surgery was performed by orthopedic surgeon [REDACTED] on 08-28-13. The diagnosis was left wrist carpal tunnel syndrome and flexor tenosynovitis. The request for authorization (RFA) requested ThermaCooling system (Hot/Cold/Compression therapy) with water circulating Wrap, to be used post-operatively, carpal tunnel release on 08-28-13, for four (4) weeks. The utilization review, dated 09-06-13 by [REDACTED] recommended non-certification of the request for four (4) weeks rental of ThermaCooler system with Wrap. The request was modified to a reduced period of seven (7) days rental.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ThermaCooler System - Hot/Cold Compression (4 week rental): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271. Decision based on Non-MTUS Citation ODG Carpal Tunnel Syndrome (updated 05/07/2013), Heat therapy and Continuous cold therapy (CCT).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome (Acute & Chronic).

**Decision rationale:** The primary diagnosis is carpal tunnel syndrome. A left carpal tunnel release surgery was performed by the orthopedic surgeon, [REDACTED] on 08-28-13. The MTUS/ACOEM Guidelines indicate that at-home applications of heat or cold packs is optional. The Official Disability Guidelines (ODG) indicate that Continuous Cold Therapy (CCT) is recommended as an option only in the postoperative setting, with regular assessment to avoid frostbite. Postoperative use generally should be no more than seven (7) days, including home use. Passive modalities, such as heat, should be minimized in favor of active treatments. The request for authorization (RFA) requested ThermaCooling System (Hot/Cold/Compression therapy) with water circulating wrap, to be used post-operatively, for four (4) weeks. The ODG guidelines state that continuous cold therapy should be used in the postoperative setting, no more than seven (7) days. Therefore, the request for ThermaCooling System (Hot/Cold/Compression therapy) for four (4) weeks, which is beyond the seven (7) days recommended by the ODG Guidelines, is not medically necessary.