

Case Number:	CM13-0033975		
Date Assigned:	12/06/2013	Date of Injury:	06/04/2013
Decision Date:	03/04/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/11/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 reported an injury on 06/04/2009. The mechanism of injury was noted to be cumulative repetitive trauma. The patient was noted to have a carpal tunnel release on 09/18/2013. The diagnosis was noted to be carpal tunnel syndrome. The request, per the submitted application for Independent Medical Review, was for a ThermoCool system rental for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for thermocooling system (hot, cold and compression therapy) with water circulating wrap, rental for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Continuous cold therapy (CCT), Forearm, Wrist and Hand, Vasopneumatic devices.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome chapter, Continuous Cold Therapy.

Decision rationale: ACOEM Guidelines indicate that at-home local applications of cold packs during the first few days of acute complaints are appropriate; and thereafter, application of heat packs is appropriate. However, as this was noted to be for a thermacooling system, additional guidelines were sought. Per the Official Disability Guidelines, continuous cold therapy is recommended as an option in a postoperative setting for no more than 7 days, including home use. There was a lack of submitted documentation to support this request. There was a lack of documentation of a rationale for the necessity for hot, cold and compression therapy. Given the above and the lack of submitted documentation, the request for a thermacooling system (hot, cold and compression therapy) with water circulating wrap for rental for 6 weeks is not medically necessary.