

Case Number:	CM13-0038962		
Date Assigned:	12/18/2013	Date of Injury:	12/01/2010
Decision Date:	05/23/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 expert 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 injured worker is a 38-year-old who reported an injury on December 1, 2010 due to cumulative trauma while performing normal job duties. The injured worker's treatment history included bilateral carpal tunnel release and right ulnar nerve release with ulnar nerve transposition, home exercise program, bracing, a TENS (transcutaneous electrical nerve stimulation) unit, and injection therapy. The injured worker was evaluated on September 27, 2013. It was documented that she had continued tenderness along the medial epicondyle and tenderness along the ulnar nerve with a positive Tinel's sign. The injured worker's treatment plan at that time included epicondylar release and ulnar nerve transposition. Post-Surgical Treatments included postsurgical antibiotics, medications for pain control, a sling, and a Polar Care unit. The clinical documentation submitted for review indicated that the injured worker underwent surgical intervention on October 9, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

POLAR CARE FOR RIGHT WRIST- 21 DAYS RENTAL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, and Hand Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) SHOULDER CHAPTER, CONTINUOUS FLOW CRYOTHERAPY

Decision rationale: The California Medical Treatment Utilization Schedule does not address this request. The Official Disability Guidelines, Elbow Chapter does not specifically address this request. The Official Disability Guidelines, Shoulder Chapter recommends continuous flow cryotherapy for up to seven days in the postsurgical management of pain. The requested 21 days exceeds this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. The request for Polar Care for the right wrist, a 21 day rental, is not medically necessary or appropriate.