

Case Number:	CM13-0047221		
Date Assigned:	12/27/2013	Date of Injury:	01/28/2011
Decision Date:	06/30/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/01/2013

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 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 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:

This 49-year-old female forklift operator sustained an industrial injury on 1/28/11. The treating diagnoses include left shoulder impingement syndrome and rotator cuff tendonitis, right lateral epicondylitis, bilateral carpal tunnel syndrome, lumbar spondylosis with facet joint arthropathy, bilateral knee internal derangement, and bilateral plantar fasciitis. The 1/6/12 bilateral upper extremity EMG/NCV findings suggested severe bilateral carpal tunnel syndrome, right greater than left. The patient underwent left carpal tunnel release on 4/11/13. The 10/7/13 treating physician report cited subjective complaints of grade 7/10 persistent right hand/wrist pain with numbness/tingling, intermittent grade 8/10 shoulder pain, and grade 5/10 low back pain. Left wrist/hand continued to improve post-operatively. Right wrist exam findings documented tenderness over the carpal tunnel, positive Tinel's signs, decreased right thumb and index finger sensation, mild loss of right wrist flexion/extension with increased pain at end range. Jamar grip strength was 8/7/7 kg on the right and 10/10/10 kg on the left. The treatment plan recommended urine drug screen, right carpal tunnel release, a cold therapy unit rental for four weeks, a postoperative wrist brace, postoperative physical therapy twice a week for four weeks, and a home exercise kit.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLD THERAPY UNIT RENTAL FOR FOUR WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The California ACOEM/MTUS guidelines do not address cold therapy units, so alternative guidelines were used instead. The Official Disability Guidelines recommend continuous cold therapy as an option in the postoperative setting. Guidelines state that postoperative use generally should be limited to no more than seven days, including home use. This patient was scheduled for a right carpal tunnel release. A cold therapy unit was requested for four weeks for postoperative use; the request was modified to one week, i.e. the seven day limit set by guidelines. There is no rationale presented by the treating physician to support the medical necessity of continuous cold therapy beyond the guideline recommendation. As such, the request is not medically necessary.