

Case Number:	CM13-0057153		
Date Assigned:	03/28/2014	Date of Injury:	10/25/2013
Decision Date:	07/18/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/25/2013

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 Plastic Surgery/Hand Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Oregon. 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 54-year-old male sustained an industrial injury on 10/25/07. The mechanism of injury described was cumulative trauma. Diagnoses have included bilateral cubital tunnel syndrome, ulnar collateral ligament tear, and left thumb (MCP) joint arthritis, carpal tunnel syndrome and right thumb carpometacarpal (CMC) arthritis, severe in nature. An evaluation performed 6/25/12 detailed the bilateral cubital tunnel condition was a more significant issue. The MCP joint injury of the left thumb showed evidence of instability but was asymptomatic. The carpal tunnel condition appeared to be related to the cubital tunnel issue. Arthritis of the CMC joint was felt to be severe for which a spica splint was recommended. Electrodiagnostic testing was performed 11/28/12 showing a degree of mild slowing on the right side involving the median nerve sensory component, with mild slowing of the motor branch of the ulnar nerve across the elbow for diagnoses of mild left cubital tunnel syndrome and mild right carpal tunnel syndrome. An injection was performed into the area of the carpal tunnel in December of 2012 which did help approximately 30% for a few days. Evaluation on 9/23/13 demonstrated positive Tinel's and Phalen's signs with a positive carpal compression test. Positive Tinel's and flexion signs were also noted with a positive Froment sign. Recommendation was made for bilateral carpal tunnel and cubital tunnel release. Cold therapy unit for postoperative care was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLD THERAPY UNIT, PAD AND STERILE WRAP PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 27.

Decision rationale: Per the ACOEM chapter titled "Elbow Complaints" page 27, "Only one quality study is available on cryotherapy and none on heat. Benefits have not been shown. These options are low cost (as at-home applications), have few side effects, and are not invasive. Thus, while there is insufficient evidence, at-home applications of heat or cold packs are recommended" At home cold packs should be sufficient for this patient. Therefore, this request is not medically necessary.