

Case Number:	CM13-0068663		
Date Assigned:	01/03/2014	Date of Injury:	10/03/2006
Decision Date:	05/22/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/19/2013

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:

The patient sustained an industrial injury on 10/3/06 relative to a motor vehicle accident. The patient is status post right shoulder arthroscopy with subacromial decompression and manipulation under anesthesia in June 2013. The 10/14/13 treating physician report cited continued pain and numbness both hands. The patient reported dropping things due to hand numbness and weakness, left worse than right. Physical examination documented decreased sensation in the median and ulnar nerve distribution of the left hand with positive Tinel's and Phalen's. Findings of carpal tunnel and cubital tunnel syndrome were confirmed by electrodiagnostic studies. The patient had failed conservative treatment of bracing, activity modification, and stretching exercises. Surgery was recommended to include carpal tunnel release and cubital tunnel release on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURABLE MEDICAL EQUIPMENT- THERMOCOOL HOT AND COLD CONTRAST THERAPY WITH COMPRESSION FOR 60 DAYS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow: Cold packs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome, Elbow, Continuous flow cryotherapy.

Decision rationale: Under consideration is a request for durable medical equipment: ThermoCool Hot and Cold Contrast Therapy with compression for 60 days. The California MTUS guidelines are silent on these devices. The Official Disability Guidelines do not specifically address the use of cold compression units for patients undergoing carpal tunnel release or cubital tunnel release. Guidelines state that there are no published high quality studies on these combined systems. The ODG recommends continuous flow cryotherapy as option in the post-op setting for up to 7 days. Guideline criteria have not been met. There is no compelling reason to support the medical necessity of a 60-day rental of cold therapy in excess of guideline cold therapy recommendations and in the absence of guideline support for combined cold compression units. Therefore, this request for ThermoCool Hot and Cold Contrast Therapy with compression for 60 days is not medically necessary.