

Case Number:	CM14-0007024		
Date Assigned:	02/07/2014	Date of Injury:	04/10/2007
Decision Date:	07/11/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/15/2014

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 Occupational Medicine 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 is a 47-year-old female who has submitted a claim for cervical discopathy, bilateral shoulder overuse tendinitis, right shoulder impingement syndrome, carpal tunnel syndrome, teres minor syndrome on the right, plantar arch partial tear with plantar fasciitis, status post right shoulder rotator cuff repair arthroscopic surgery, status post right carpal tunnel release associated with an industrial injury date of April 10, 2007. Medical records from 2013 were reviewed. The patient complained of persistent neck pain, grade 8/10 in severity. The pain radiates to the shoulders, wrists, and hands. There was associated tingling and numbness of the wrists. Physical examination showed cervical spasm and tenderness. There was slight decreased sensation at the C5 dermatome and decreased median nerve sensation as well. Grip strength was decreased mainly on the right. There was positive Tinel's and Phalen's test at the wrists. MRI of the left shoulder dated December 13, 2012 revealed mild degenerative changes in the acromioclavicular joint and no evidence of rotator cuff tear. Treatment to date has included medications, physical therapy, chiropractic therapy, home exercise program, activity modification, endoscopic shock wave therapy of the foot, right shoulder surgery, and right carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLD THERAPY UNIT, PURCHASE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS: Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Section, Continuous cold therapy and Non-MTUS Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold.

Decision rationale: CA MTUS does not specifically address cold therapy units. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Aetna Clinical Policy Bulletin was used instead. Aetna considers the use of hot/ice machines and similar devices experimental and investigational for reducing pain and swelling after surgery or injury. Studies failed to show that these devices offer any benefit over standard cryotherapy with ice bags/packs. In addition, Official Disability Guidelines (ODG), Carpal tunnel syndrome section, states that continuous cold therapy is recommended as an option only in the postoperative setting, with regular assessment to avoid frostbite. Postoperative use generally should be no more than 7 days, including home use. In this case, the patient underwent right endoscopic carpal tunnel release on December 2013. However, there was no discussion regarding the indication for a cold therapy unit despite it being experimental and investigational. Furthermore, it is unclear why regular ice bags/packs will not suffice. The specific body part to be treated and the duration of use were not mentioned in the request as well. Moreover, guidelines only recommend its use for up to 7 days; it is unclear why rental cannot suffice. Therefore, the request for cold therapy unit, purchase is not medically necessary.