

Case Number:	CM14-0102560		
Date Assigned:	07/30/2014	Date of Injury:	10/27/2008
Decision Date:	09/24/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	07/02/2014

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 Family Practice 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:

57 yr. old female claimant sustained a work injury on 10/31/08 involving the shoulder, neck and wrists. She was diagnosed cervical degenerative disc disease with right upper extremity radiculopathy, De Quervains tenosynovitis, bilateral carpal tunnel syndrome and left shoulder impingement. A progress note on 4/14/14 indicated the claimant had 50% improvement with trigger point injection for carpal tunnel syndrome. She had taken hydrocodone for pain relief. The treating physician had subsequently requested carpal tunnel surgery and post-operative cold therapy wraps with purchase of a cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy sterile wrap, purchase right hand: 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: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist/Shoulder Pain.

Decision rationale: According to the ACOEM guidelines, cold therapy at home after exercises may be effective. According to the ODG guidelines, cold wraps are recommended for the first

few days for acute symptoms. Continuous Cold therapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In this case, the length of cold therapy is not specified. Purchase is not appropriate since it is recommended for up to 7 days. Therefore, the purchase of cold therapy wrap is not medically necessary.

Cold therapy unit, purchase right hand: 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: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist Pain.

Decision rationale: According to the ACOEM guidelines, cold therapy at home after exercises may be effective. According to the ODG guidelines, cold wraps are recommended for the first few days for acute symptoms. Continuous Cold therapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In this case, the length of cold therapy is not specified. Purchase is not appropriate since it is recommended for up to 7 days. Therefore, the purchase of cold therapy unit is not medically necessary.