

Case Number:	CM14-0014577		
Date Assigned:	02/28/2014	Date of Injury:	05/21/2010
Decision Date:	07/28/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/05/2014

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 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 is a 43-year-old female who has submitted a claim for osteoarthritis, unspecified whether generalised or localized, other sites specified associated with an industrial injury date of May 21, 2010. Medical records from 2013 were reviewed. The patient complained of bilateral wrist pain, greater on the right than left. Physical examination showed limitation of motion of the bilateral wrists; positive Phalen's and Tinel's; and decreased wrist sensation. Electrodiagnostic studies was obtained on December 6, 2012 revealed abnormal right median motor and sensory nerve conduction studies, consistent with right carpal tunnel syndrome. The diagnoses were right carpal tunnel syndrome and status post left carpal tunnel release. Treatment plan includes a request for postoperative supply (right wrist) cold unit air cast cryo/cuff or cold and compression times 4 weeks. Treatment to date has included oral and topical analgesics, physical therapy, left carpal tunnel release, right wrist cortisone injection, splinting and acupuncture. Utilization review from January 16, 2014 denied the request for postoperative supply (right wrist) cold unit air cast cryo/cuff or cold and compression times 4 weeks. The reasons for the denial include the following: use of this device is not clinically indicated as compression is not medically necessary; and appropriate cryotherapy can be obtained with the use of traditional cold packs.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE SUPPLY (RIGHT WRIST) COLD UNIT AIRCAST CRYO/CUFF FOR COLD AND COMPRESSION TIMES 4 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Continuous cold therapy (CCT).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG states that continuous cold therapy (CCT) 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 was for right carpal tunnel release. However, there was no indication that the procedure has been certified. Moreover, the guideline recommends the use of continuous cold therapy for 7 days only. There was also no clear rationale as to why traditional cold packs would not suffice. The medical necessity has not been established. Therefore, the request for Post-Operative Supply (Right Wrist) Cold Unit Aircast Cryo/Cuff For Cold And Compression Times 4 Weeks is not medically necessary.