

<b>Case Number:</b>	CM14-0016480		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	04/27/2012
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Pennsylvania. 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 is a 55-year-old gentleman who was injured in a work related accident on 04/27/12. The records provided for review document that the claimant's current diagnosis is carpal tunnel syndrome and the claimant was scheduled to undergo a carpal tunnel release procedure for the left upper extremity on December 17, 2013. The request for this review is for postoperative use of a cryotherapy device for 35 days with a "wrap" as well as purchase of a Pro-sling universal therapy wrap for management of postoperative symptoms related to the hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE RENTAL OF COLD THERAPY UNIT WITH WRAP FOR 35 DAYS AND PURCHASE OF PRO SLING, UNIVERSAL THERAPY WRAP FOR THE MANAGEMENT OF SYMPTOMS RELATED TO LEFT WRIST/HANG INJURY:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp; 18th Edition, 2014 Updates: Chapter Forearm, Hand and Wrist, immobilization.

**Decision rationale:** Based on California ACOEM Guidelines, the request for rental a cryotherapy device for 35 days and purchase of a Pro Sling in this instance would not be supported. While ACOEM Guidelines support the role of application of topical ice packs for the first few days of acute symptoms, the request for rental of a cryotherapy device for 35 days would not be indicated. There is no current justification for use of the above device for a five week period of time following surgical process. The purchase of a Pro Sling would also not be recommended by the Official Disability Guidelines as they state that immobilization and rest are overused treatment and early mobilization benefits earlier return to work. The specific request for the above devices following carpal tunnel release procedure would not be supported.