

<b>Case Number:</b>	CM14-0126944		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	12/31/2011
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Plastic and Reconstructive Surgery, and is licensed to practice in Maryland, North Carolina and Virginia. 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 56-year-old male with a reported date of injury on 12/31/11 who requested left index finger trigger release. Documentation from 9/9/13 notes a history of left index finger triggering. Examination notes 'slight catching with mobility 'of the left index finger. He was diagnosed with mild left index finger triggering. Documentation from 7/2/14 notes the patient with continued painful triggering. He is unable to make a fist. Recommendation was made for left trigger finger release. The surgery was certified, as well as preoperative clearance and postoperative physical therapy 2 x 6. Utilization review dated July 23, 2014 did not certify cold therapy unit 10-14-day rental. Reasoning given was that from the ODG, continuous flow cryotherapy is not recommended in the distal extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold therapy unit 10-14 day rental:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand, Cold packs.

**Decision rationale:** The patient is a 56-year-old male in which surgical trigger release was certified. From the ODG, Forearm, wrist and hand, cold packs are recommended. These are recommended at-home local applications of cold packs first few days of acute complaints; thereafter, applications of heat packs. (Hochberg, 2001) (Bleakley, 2004) Specifically, from Hochberg 2001, 'This study indicates that after carpal tunnel surgery, the use of CCT, compared with traditional ice therapy, provides patients with greater comfort and lessens the need for narcotics.' As stated, there is some suggestion controlled-cold therapy is superior to ice packs following carpal tunnel release, but there is insufficient evidence that this could be applied to trigger finger release. The requesting physician does not document additional reasoning for request of this form of therapy in this patient as compared to ice packs. Thus, a cold-therapy unit is not medically necessary.