

<b>Case Number:</b>	CM14-0157063		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	10/20/2011
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 51-year-old with an injury date on October 20, 2011. Based on the 09/02/2014 orthopedic/spine evaluation report provided by [REDACTED], the diagnosis is double crush phenomenon. According to this report, the patient complains of neck pain and bilateral upper extremities pain. Physical exam reveals tenderness over the paraspinal musculature. Orthopedic findings of the cervical spine and the bilateral upper extremities were with normal limits. The treater recommended a left carpal tunnel release in the August 12, 2014 report as part of the double crush phenomenon. The patient is scheduled for carpal tunnel release. There were no other significant findings noted on this report. The utilization review denied the request on September 8, 2014. [REDACTED] is the requesting provider, and he provided treatment reports from February 17 to September 2, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motorized cold therapy for the bilateral shoulders and wrists:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation shoulder chapter-Continuous-flow cryotherapy

**Decision rationale:** According to the September 2, 2014 report by [REDACTED] this patient presents with neck pain and bilateral upper extremities pain. The treater is requesting motorized cold therapy for bilateral shoulders and wrist but the treating physician's report and request for authorization containing the request is not included in the file. Regarding cold therapy, ODG guidelines "recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use." Review of reports show that the patient is scheduled for carpal tunnel release. The requested Cold Therapy to use after the CTR appears reasonable; however the treater does not specify the duration for the use of the unit. The guidelines recommends "up to 7 days, including home use." The request for motorized cold therapy for the bilateral shoulders and wrists is not medically necessary or appropriate.