

Case Number:	CM14-0157472		
Date Assigned:	10/01/2014	Date of Injury:	07/12/2012
Decision Date:	11/03/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	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 & 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:

This is a patient with a date of injury of July 12, 2012. A utilization review determination dated September 10, 2014 recommends denial for a cold therapy unit 4 week rental. Denial was recommended since the surgery itself was not recommended. A utilization review determination dated September 4, 2014 recommends denial of carpal tunnel release, denial of cold therapy unit, denial of postoperative physical therapy, and certification for a right wrist brace. A progress report dated August 1, 2014 identifies subjective complaints of pain and numbness in the right hand which keeps her up at night. Objective examination findings reveal positive Tinel's and Phalen's test as well as positive carpal compression test. The diagnoses include triangular fibrocartilage complex tear of the right wrist status post debridement and arthroscopy on February 21, 2013 and fasciotomy of the right elbow. The treatment plan recommends a right carpal tunnel release stating that the patient constantly wear splints and has had physical therapy. Following surgery, the patient would benefit from the use of a cold compression wrap to ease swelling and a postoperative brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 week rental of cold therapy unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome-Continuous cold therapy (CCT)

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, Continuous Flow Cryotherapy

Decision rationale: Regarding the request for cold therapy unit, California MTUS does not address the issue. ODG supports the use of continuous-flow cryotherapy for up to 7 days after CTS surgery. Within the documentation available for review, the patient was non-certified for carpal tunnel release. Additionally, the request exceeds the 7 days recommended by guidelines. In light of the above issues, the currently requested cold therapy unit is not medically necessary.