

Case Number:	CM14-0164104		
Date Assigned:	10/08/2014	Date of Injury:	06/01/2010
Decision Date:	11/26/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/06/2014

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 Family Medicine 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 37-year old collector reported injuries to both hands and wrists due to repetitive keyboard use at work, date of injury 4/21/08. Treatment included medications, wrist bracing, physical therapy, right wrist carpal tunnel release on 11/17/10, left carpal tunnel release on 5/16/11 and left elbow transposition of the ulnar nerve on 8/13/13. She remained symptomatic, and electrodiagnostic testing was performed on 2/5/13, which revealed mild to moderate left carpal tunnel syndrome. A report from the primary treating physician dated 8/4/14 notes that the patient feels her symptoms are worsening. She has numbness and tingling in both hands, especially at night. Exam findings included marked obesity (BMI 35.2); tenderness; positive Tinel's signs over the radial and ulnar nerves at the left elbow; and positive Tinel's and Phalen's signs at the left wrist median nerve. Tinel's and Phalen's were negative at the right wrist. There was decreased sensation of the entire left hand and arm. Ten diagnoses were listed, which included cervical sprain, degenerative disc changes in the cervical spine, left shoulder sprain, left elbow cubital tunnel syndrome, slight to moderate left carpal tunnel syndrome, and gastritis. Treatment plan included a request for authorization for outpatient left carpal tunnel release with post-operative cold therapy unit for two weeks; for pre-operative medical clearance with an internist; and for a repeat electrodiagnostic study of the left upper extremity prior to the surgery in order to be able to make prognostic recommendations. The patient's work status was temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold unit x 14 days: 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), Carpel 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), Carpel Tunnel Syndrome, Continuous Cold Therapy (CCT)

Decision rationale: The Official Disability Guidelines (ODG) citation above states that continuous cold therapy (CCT) is recommended as an option only in the postoperative setting, with regular assessment to avoid frostbite. Postoperative use should generally be no more than 7 days, including home use. A prospective randomized study showed significant reduction in pain, swelling and narcotic use postoperatively with CCT compared with ice therapy. In this study, CCT was used for three days only. Complications related to cryotherapy, including frostbite, are rare but can be devastating. The clinical records in this case do not support the use of CCT for two weeks. The requesting provider has not documented any extenuating circumstances that would require the use of CCT for more than one week. Based on the ODG citation above and the clinical records provided for review, this request is not medically necessary.