

Case Number:	CM14-0171110		
Date Assigned:	10/23/2014	Date of Injury:	06/05/2013
Decision Date:	11/21/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/16/2014

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 Occupational Medicine and General Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 47 year old male with date of injury of 6/5/2013. A review of the medical records indicate that the patient is undergoing treatment for bilateral wrist pain secondary to de Quervain's tenosynovitis. Subjective complaints include continued pain and tingling in bilateral wrists. Objective findings include positive Tinel's and Phalen's but motor strength 5/5 in both hands and wrists. Treatment has included Ultram, home exercise program, and electrical stimulation unit; EMG showing abnormal conduction in the right wrist. The utilization review dated 10/7/2014 non-certified a cold therapy unit and pre-operative clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Cold Therapy Unit (continuous): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Shoulder (Acute and Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (Lumbar and Thoracic), Lumbar Support Other Medical Treatment Guideline or Medical Evidence: <http://www.deroyal.com/medicalproducts/orthopedics/product.aspx?id=pc-temptherapy-coldtherunit>

Decision rationale: California MTUS is silent on the use of cold therapy units. Official Disability Guidelines (ODG) for heat/cold packs states "Recommended as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. (Bigos, 1999) (Airaksinen, 2003) (Bleakley, 2004) (Hubbard, 2004) Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. (Nadler 2003) The evidence for the application of cold treatment to low-back pain is more limited than heat therapy, with only three poor quality studies located that support its use, but studies confirm that it may be a low risk low cost option. (French-Cochrane, 2006) There is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function. (Kinkade, 2007)". The use of devices that continually circulate a cooled solution via a refrigeration machine have not been shown to provide a significant benefit over ice packs. As such the request for cold therapy unit is not medically necessary.

1 Pre-op Medical clearance evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist, Preoperative visits Other Medical Treatment Guideline or Medical Evidence: OMFS Surgery General Information and Ground Rules

Decision rationale: The Official Disability Guidelines (ODG) report that undergoing ambulatory low risk surgery does not require any pre-operative clearance consisting of lab work. Additionally, OMFS Surgery General Information and Ground Rules, "Immediate preoperative visits and other services by the physician under most circumstances, including ordinary referrals, the immediate preoperative visit in the hospital or elsewhere necessary to examine the patient, complete the hospital records, and initiate the treatment program is included in the listed value for the surgical procedure." The employee has been approved for a right-sided de Quervain's release. However, this is an ambulatory surgery under local anesthesia. As such, the need for a pre-operative clearance is not medically necessary.