

Case Number:	CM14-0025850		
Date Assigned:	06/13/2014	Date of Injury:	10/18/2011
Decision Date:	07/28/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/28/2014

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 Anesthesiology, 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:

According to the records made available for review, this is a 51-year-old female with a 10/18/11 date of injury. At the time (2/3/14) of the Decision for DME hot/cold therapy unit, there is documentation of subjective (left wrist pain with numbness and weakness and radiating pain to the left elbow with weakness) and objective (decreased left wrist range of motion with pain, tenderness to palpation over the dorsal wrist, volar wrist and medial wrist on the left, and positive Phalen's, Tinel's and Finkelstein's tests of the left wrist) findings, current diagnoses (left wrist sprain/strain, left carpal tunnel syndrome, left de Quervain's tenosynovitis, and right carpal tunnel syndrome), and treatment to date (medications, wrist brace, and physical therapy). In addition, 12/17/13 medical report plan identifies awaiting authorization for left de Quervain's tenosynovitis release.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME HOT/COLD THERAPY UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: (<http://www.ncbi.nlm.nih.gov/pubmed/20927506>).

Decision rationale: The MTUS reference to ACOEM identifies that patient's at home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by therapists. Medical Treatment Guideline identifies that continuous flow cryotherapy units are not recommended in the post-operative management of wrist/hand injuries. Within the medical information available for review, there is documentation of diagnoses of left wrist sprain/strain, left carpal tunnel syndrome, left de Quervain's tenosynovitis, and right carpal tunnel syndrome. In addition, there is documentation of a plan identifying awaiting authorization for left de Quervain's tenosynovitis release. However, there is no documentation of a pending surgery that is medically necessary and postoperative management of an injury for which continuous flow cryotherapy is recommended. Therefore, based on guidelines and a review of the evidence, the request for DME hot/cold therapy unit is not medically necessary.