

Case Number:	CM14-0038172		
Date Assigned:	06/25/2014	Date of Injury:	09/06/2011
Decision Date:	08/21/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/01/2014

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 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 58-year-old female who has submitted a claim for chronic pain syndrome, carpal tunnel syndrome, lateral epicondylitis, medial epicondylitis, neck sprain/strain, adhesive capsulitis of shoulder, overweight, dietary surveillance and counseling, and abdominal aorta injury associated with an industrial injury date of September 6, 2011. Medical records from 2012-2014 were reviewed. The patient complained of pain in her cervical spine, rated 8-9/10 in severity. The pain begins on the right head, jaw, neck and now into the shoulder. The pain was described as burning and grabbing. Physical examination showed tenderness of the right facet column over the upper cervical area. There was also tenderness over the right shoulder with pain anteriorly over the shoulder joint. There was moderate decrease in range of motion of the right shoulder with pain. Decreased range of motion of the right wrist was also noted. MRI of the cervical spine, dated September 12, 2012, revealed C5-C6 broad-based disc bulge extending into the foramina bilaterally and moderate bilateral foraminal stenosis with mild central stenosis. EMG/NCV dated October 10, 2012 showed moderate to severe bilateral carpal tunnel syndrome (median nerve entrapment at wrist) affecting sensory and motor components. Treatment to date has included medications, physical therapy, chiropractic therapy, home exercise program, activity modification, left shoulder intra-articular injection, right shoulder manipulation under anesthesia with steroid injection, right shoulder surgery, and right carpal tunnel release. Utilization review, dated March 24, 2014, denied the request for cold therapy unit 21 day rental because there was no clear rationale as to why it was being requested and why the patient could not use at-home local application of cold packs for pain. In addition, it would be in excess of guideline criteria if used for postoperative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy Unit 21 Day Rental: 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).

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 Section, Continuous cold therapy and the Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold.

Decision rationale: CA MTUS does not specifically address cold therapy units. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Aetna Clinical Policy Bulletin was used instead. Aetna considers the use of hot/ice machines and similar devices experimental and investigational for reducing pain and swelling after surgery or injury. Studies failed to show that these devices offer any benefit over standard cryotherapy with ice bags/packs. In addition, Official Disability Guidelines (ODG), Carpal tunnel syndrome section, states that continuous cold therapy is recommended as an option only in the postoperative setting, with regular assessment to avoid frostbite. Postoperative use generally should be no more than 7 days, including home use. In this case, the patient underwent right carpal tunnel release on December 2013. However, there was no discussion regarding the indication for a cold therapy unit despite it being experimental and investigational. Furthermore, it is unclear why regular ice bags/packs will not suffice. Moreover, guidelines only recommend use of cold therapy unit for up to 7 days. The specific body part to be treated was not mentioned in the request as well. Therefore, the request for Cold Therapy Unit 21 Day Rental is not medically necessary.