

Case Number:	CM14-0042102		
Date Assigned:	06/30/2014	Date of Injury:	12/14/2012
Decision Date:	08/13/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/08/2014

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 Orthopedic Surgery and is licensed to practice in Georgia and Texas. 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 injured worker is a 68-year-old female who reported an injury on 10/14/2012, due to a trip and fall. The injured worker reportedly sustained an injury to her bilateral hands and wrists. The injured worker's treatment history included physical therapy and medications. The injured worker was evaluated on 03/06/2014. Physical findings included limited range of motion of the left hand with a positive Tinel's, positive Phalen's, and positive carpal tunnel syndrome with decreased sensation in the C6 through C8 hand dermatomes. The injured worker's diagnoses included cervical spine sprain with radicular symptoms, left carpal tunnel syndrome, left elbow contusion, lumbosacral sprain, right shoulder tendinitis, and thoracic sprain. It was documented that left carpal tunnel release was scheduled on 03/21/2014. A treatment recommendation for a circulating cold and heating unit with compression was recommended for post surgical care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Circulating cold and heating unit with compression for 35 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Continuous Flow Cryotherapy.

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 Chapter, Continuous cold therapy (CCT).

Decision rationale: The California Medical Treatment Utilization Schedule does not address this request. The clinical documentation submitted for review does indicate that the injured worker is a surgical candidate. Official Disability Guidelines recommend continuous flow cryotherapy in a postsurgical setting for up to 7 days to assist with management of postsurgical pain and inflammation. The request exceeds this recommendation. There are no exceptional factors noted to support extending treatment beyond the recommended 7 days. As such, the requested circulating cold and heating unit with compression for 35 days is not medically necessary or appropriate.