

Case Number:	CM14-0061138		
Date Assigned:	07/09/2014	Date of Injury:	04/25/2007
Decision Date:	08/13/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/02/2014

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 Surgeon 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 41-year-old female who reported an injury on 04/25/2007. The mechanism of injury was cumulative trauma. The injured worker underwent a partial coracoacromial ligament release, manipulation under anesthesia, a tenosynovectomy and bursectomy as well as a partial Mumford on 04/18/2012. The injured worker underwent a right shoulder arthroscopy with tenosynovectomy and bursectomy, debridement of a labral tear, subacromial decompression, rotator cuff repair, manipulation under anesthesia, and an excision of a ganglion cyst on 10/25/2013. The documentation indicated the injured worker had authorization for a left carpal tunnel release and left cubital tunnel release and, as such, there was a request for a half arm wrap and a 21-day rental of a Q-tech cold therapy unit with pad. The injured worker was noted to undergo a left carpal tunnel release on 03/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One 21 day rental of a Q-Tech Cold Therapy Unit with Pad between 4/4/2014 and 5/19/2014.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines-Treatment for Worker's Compensation, Online EditionChapter:Elbow-Cold packsChapter:Forearm, Wrist, &Hand-Cold packsChapter:Shoulder-Continuous-flow cyrotherapy.

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 Chapter, Continuous cold therapy (CCT).

Decision rationale: The Official Disability Guidelines recommend continuous cold therapy for a total of 7 days post operatively, including home use. The clinical documentation submitted for review indicated the injured worker underwent a carpal and cubital tunnel release as well as a left wrist flexor synovectomy on 03/28/2014. There was a lack of documentation indicating exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for one 21-day rental of a Q-tech cold therapy unit with pad between 04/14/2014 and 05/09/2014 is not medically necessary.