

Case Number:	CM14-0062624		
Date Assigned:	07/11/2014	Date of Injury:	06/04/2009
Decision Date:	08/08/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/05/2014

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 Orthopaedic Surgery 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:

This 57-year-old male laborer sustained an industrial injury on 6/4/09, relative to cumulative trauma. Past surgical history was positive for right shoulder surgery for possible rotator cuff tear, left shoulder Bankart and rotator cuff repair, right total knee arthroplasty, and left total knee arthroscopy and revision. The patient underwent L4/5 and L5/S1 posterior decompression and instrumented fusion on 5/16/12. The patient was additionally diagnosed with cervicothoracic arthrosis and discopathy with central and foraminal stenosis, recurrent left rotator cuff tear, bilateral carpal and cubital tunnel syndrome, and left hip trochanteric bursitis. The 11/15/13 bilateral upper extremity electrodiagnostic study documented EMG findings consistent with left C5 and/or C6 nerve root injury. Nerve conduction study findings were consistent with mild bilateral carpal tunnel syndrome and mild bilateral ulnar neuropathy at the elbows, right greater than left. The 4/21/14 utilization review certified a 4/14/14 request for left carpal tunnel and cubital tunnel release. The post-operative use of a cold therapy unit with sterile wrap was modified to a 7-day rental consistent with guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op Cold therapy unit with sterile wrap: 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) Carpal Tunnel Syndrome chapter. Continuous cold therapy (CCT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Continuous flow cryotherapy.

Decision rationale: The California MTUS are silent regarding cold therapy devices. The Official Disability Guidelines recommend continuous flow cryotherapy as an option after surgery. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. The use of a cold therapy unit would be reasonable for 7 days post-operatively. However, this request is for an unknown length of use which is not consistent with guidelines. The 4/21/14 utilization review modified this request for up to 7-day rental. There is no compelling reason in the records reviewed to support the medical necessity of a cold therapy unit beyond the 7-day rental recommended by guidelines and previously certified. Therefore, this request for post-op cold therapy unit with sterile wrap is not medically necessary.