

Case Number:	CM14-0073344		
Date Assigned:	07/25/2014	Date of Injury:	03/27/2011
Decision Date:	09/26/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/20/2014

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 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 55 year old female claimant with an industrial injury dated 03/27/11. Exam note 03/17/14 states the patient returns with complaints of shoulder pain. Conservative treatments have included physical therapy, injections, medication, bracing, rest, and activity modification. Nerve conduction studies upon visit demonstrated compression of the ulnar nerve at the elbow and at Guyon's canal as well as carpal tunnel syndrome. Treatment includes a carpal tunnel release of the right wrist, physical therapy and a water circulating cold pad with pump.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative rental of cold therapy unit for the right wrist/elbow, QTY: 7 days: 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); Carpel Tunnel Syndrome Section and Elbow Section, 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), Forearm, Wrist and Hand, Cold packs.

Decision rationale: CA MTUS/ACOEM is silent on the issue of cold therapy. ODG, Forearm, Wrist and Hand recommends at home application of cold packs first few days of acute

complaints but does not recommend cold therapy unit postoperatively. Therefore, this request for post-operative rental of cold therapy unit for the right wrist/elbow, qty: 7 days is not medically necessary and appropriate.