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| <b>Case Number:</b>   | CM14-0085423 |                              |            |
| <b>Date Assigned:</b> | 07/23/2014   | <b>Date of Injury:</b>       | 04/11/2011 |
| <b>Decision Date:</b> | 09/25/2014   | <b>UR Denial Date:</b>       | 05/13/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/09/2014 |

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 55-year-old individual was reportedly injured on April 11, 2011. The mechanism of injury was noted as a repetitive use syndrome. The most recent progress note, dated April 15, 2014, indicated that there were ongoing complaints of bilateral wrists pains and that carpal tunnel release surgery was warranted. The physical examination was not presented. Diagnostic imaging studies objectified ordinary disease of life degenerative changes. Previous treatment included conservative care and medications. A request had been made for hot cold system and was not certified in the pre-authorization process on May 13, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME-Thermacooler system (hot/cold and compression system) rental with purchase of wrap:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**Decision rationale:** The records presented for review indicate a carpal tunnel release surgery is being completed. As such, postoperative care would support therapy, but as outlined in the ACOEM guidelines, there are numerous models whereby cold therapy can be delivered. As such, there is no clinical indication for a purchase of a durable medical equipment device to accomplish this goal. This is not medically necessary.