

Case Number:	CM14-0164832		
Date Assigned:	11/17/2014	Date of Injury:	02/03/2012
Decision Date:	01/05/2015	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/07/2014

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 Spine 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 injured worker is a 43-year-old female who reported an injury on 02/03/2012. The mechanism of injury was not documented within clinical notes. The injured worker's diagnoses included carpal tunnel syndrome. The injured worker's past treatments included physical therapy. There were no official diagnostic imaging studies submitted for review. There was no surgical history documented within the clinical notes. The subjective complaints were bilateral wrist pains. The physical exam findings noted positive Phalen's and positive Tinel's to bilateral wrists. It was also noted that there was decreased sensation to bilateral wrists. The injured worker's medications were not documented within the clinical notes. The treatment plan was for carpal tunnel release. A request was received for DME cold therapy unit purchase. The rationale for the request was not documented within the clinical records. The Request for Authorization form was dated 08/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: cold therapy unit purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Continuous cold therapy (CCT)

Decision rationale: The request for DME cold therapy unit purchase is not medically necessary. The Official Disability Guidelines state that continuous cold therapy is recommended as an option only in the postoperative setting with regular assessment to avoid frostbite. There was a lack of documentation in the clinical notes indicating that the patient had any type of surgery performed. In the absence of the above information, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.