

<b>Case Number:</b>	CM14-0178081		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	03/13/2012
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: New York, Tennessee  
Certification(s)/Specialty: Emergency Medicine

### 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 patient is a 52-year-old female who was injured on March 13, 2012. The patient continued to experience pain in her right hand and wrist and right shoulder. Physical examination was notable for crepitus in her right shoulder. Electrodiagnostic testing showed mild right carpal tunnel syndrome. Diagnoses included right carpal tunnel syndrome and trigger finger. Treatment included brace and medication. Patient refused recommended steroid injection in the wrist. Carpal tunnel release surgery was recommended. Request for authorization for cold therapy unit was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold therapy unit:** 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)

**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, Cold packs; Shoulder, Continuous-flow cryotherapy.

**Decision rationale:** Continuous-flow cryotherapy is recommended as an option after shoulder surgery, but not for nonsurgical treatment. 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; however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated. Cold packs are recommended for the first few days of acute complaints. In this case the proposed surgical intervention is for carpal tunnel. ODG does not comment on Continuous-flow cryotherapy for carpal tunnel surgery. The lack of evidence does not allow determination of efficacy or safety. The request should not be authorized.