

Case Number:	CM14-0192296		
Date Assigned:	11/26/2014	Date of Injury:	05/29/2013
Decision Date:	02/19/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/17/2014

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 45-year-old male with a date of injury of 5/29/2013. The mechanism of injury was related to lifting a wooden block of 50 pounds out of a bucket which resulted in low back pain. There was also evidence of a minimally positive Tinel sign over the ulnar nerve at the left cubital tunnel and evidence of a left carpal tunnel syndrome. The request was for a left cubital tunnel release with possible transposition, left endoscopic versus open carpal tunnel release, cold therapy unit and cold therapy sterile wrap for the hand/wrist purchase and 8 postsurgical occupational therapy sessions to the left hand/wrist 2 times a week for 4 weeks. The request was modified by utilization review to a left endoscopic versus open carpal tunnel release, cold therapy unit and cold therapy sterile wrap for the hand/wrist rental for 7 days, and 4 postsurgical occupational therapy sessions for the hand/wrist. The request for purchase of the cold therapy unit was modified using ODG guidelines. This is now appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of cold therapy unit and cold therapy sterile wrap for the hand/wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Carpal tunnel syndrome, Topic: Continuous cold therapy

Decision rationale: California MTUS guidelines do not address this issue. Official Disability Guidelines are therefore used. Official Disability Guidelines recommend continuous cold therapy after carpal tunnel surgery in the postoperative setting for no more than 7 days. It reduces pain, edema, and need for narcotic use after surgery. Complications related to cryotherapy including frostbite are rare. Utilization Review modified the request to a 7 day rental of the unit with purchase of the sterile wrap which was appropriate. However, the request as stated is for purchase of the cold therapy unit which is not medically necessary. Therefore, this request is not medically necessary.