

Case Number:	CM14-0199677		
Date Assigned:	12/10/2014	Date of Injury:	06/16/2003
Decision Date:	08/11/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	12/01/2014

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 63-year-old who has filed a claim for chronic shoulder, hand, and wrist pain reportedly associated with an industrial injury of June 16, 2003. In a Utilization Review report dated October 20, 2014, the claims administrator failed to approve request for a six-month rental of a cold therapy device. The claims administrator referenced an RFA form received on October 23, 2014 in its determination and an associated progress note of October 7, 2014. The request was framed as a postoperative request following planned shoulder surgery. The claims administrator recommended a partial approval of seven days but apparently denied the request outright. The applicant's attorney subsequently appealed. On handwritten note dated October 8, 2014, difficult to follow, not entirely legible, the applicant reported ongoing complaints of wrist, upper extremity, and shoulder pain. A right wrist carpal tunnel decompression surgery was sought. The applicant was asked to continue other unspecified medications. The applicant's work status was not detailed, although the applicant did not appear to be working. The note was handwritten, somewhat difficult to follow, and not altogether legible. In a separate progress note dated October 7, 2014, the applicant reported complaints of upper extremity paresthesias associated with bilateral carpal tunnel syndrome. Authorization for both right and left carpal tunnel release procedures was sought. The applicant was asked to continue using a wrist brace in the interim. Postoperative cold therapy was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Cold Therapy Unit Rental for 6 Months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines Carpal Tunnel Syndrome (CTS), Continuous cold therapy (CCT).

Decision rationale: The request for a cold therapy unit six months rental was not medically necessary, medically appropriate, or indicated here. The request, in effect, represented request for continuous-cooling therapy following planned carpal tunnel release surgery. The MTUS does not address the topic. The six-month cold therapy unit rental represents treatment well in excess of the seven days of postoperative use suggested in Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter Continuous Cold Therapy topic. ODG cautions against usage of cold therapy beyond the perioperative phase, citing a risk of frostbite. The attending provider did not furnish a clear of compelling rationale for such a lengthy, protracted duration of cryotherapy in the face of the unfavorable ODG position on the same. Therefore, the request was not medically necessary.