

Case Number:	CM14-0202708		
Date Assigned:	12/15/2014	Date of Injury:	05/30/2013
Decision Date:	02/13/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/04/2014

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 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:

Claimant with reported industrial injury of 5/30/13. Claimant is status post left carpal tunnel release. Exam note from 5/28/14 demonstrates right wrist pain and swelling. Swelling is noted on the posterior surface of the wrist. Exam note demonstrates decreased sensation in the median nerve distribution. Positive Tinel's sign and Phalen's sign is noted. Requested is made for cold limb compression device with DVT and wrap.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Thirty (30) day rental of intermittent cold therapy limb compression device with DVT, with wrap for purchase: 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), Carpal Tunnel, Continuous cold therapy (CCT), Shoulder Chapter, Venous thrombosis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand, Cryotherapy

Decision rationale: CA MTUS/ACOEM is silent on the issue of cryotherapy for the hand. According to ODG, Forearm, Wrist and Hand, cryotherapy is not recommended. Cold packs are

recommended for at home application during first few days and thereafter application of heat. As the guidelines do not recommend cryotherapy for the hand, the request is not medically necessary.