

<b>Case Number:</b>	CM15-0002397		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	07/09/2013
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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, Ohio, 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 58-year-old represented [REDACTED] employee who has filed a claim for chronic hand and wrist pain reportedly associated with an industrial injury of July 9, 2013. In a Utilization Review Report dated December 23, 2014, the claims administrator denied a request for water circulating cold pad with pump. Non-MTUS ODG Guidelines were reportedly invoked. The claims administrator referenced a November 20, 2014 progress note in its determination. The claims administrator also noted that the applicant received trigger thumb injection on October 9, 2014. The claims administrator did, however, approve a carpal tunnel release surgery, ulnar release surgery, and removal of symptomatic hardware surgery. The claims administrator also approved postoperative splinting and postoperative occupational therapy. The applicant's attorney subsequently appealed. In an electrodiagnostic testing of May 21, 2014, the applicant was given diagnosis of chronic, active C8-T1 radiculopathy, right greater than left. The remainder of the file was surveyed. The November 20, 2014 progress note on which the article in question was sought was not furnished, although, as noted by the claims administrator, the request in question did appear to represent a request for postoperative cryotherapy following planned carpal tunnel release surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Water Circ Cold Pad with Pump:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM Practice Guidelines, Third Edition, Hand, Wrist, and Forearm Chapter, Postoperative Rehabilitation section: Cryotherapy is recommended for postoperative rehabilitation for carpal tunnel release patients. Cryotherapy has been shown to be effective for post carpal tunnel release patients and is therefore recommended during postoperative rehabilitation. The evidence is in favor of a cooling blanket versus ice therapy and, therefore, a cooling blanket is recommended during postoperative rehabilitation.

**Decision rationale:** The request for a water circulating cold pad with pump was medically necessary, medically appropriate, and indicated here. The request in question appears to represent a request for postoperative cryotherapy following planned carpal tunnel release surgery, which was approved by the claims administrator through the utilization review process. The MTUS does not address the topic of postoperative cryotherapy following carpal tunnel release surgery. However, the Third Edition ACOEM Guidelines, Hand, Wrist, and Forearm Chapter does note that cryotherapy is deemed recommended as part of postoperative rehabilitation following carpal tunnel release surgery, as was apparently approved here. The request for a water circulating cold pad with pump, for postoperative use purposes, thus, does conform to ACOEM parameters. Therefore, the request was medically necessary.