

Case Number:	CM15-0141365		
Date Assigned:	07/31/2015	Date of Injury:	02/03/2012
Decision Date:	09/04/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/21/2015

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, 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 64-year-old who has filed a claim for chronic hand, wrist, and elbow pain reportedly associated with an industrial injury of February 3, 2012. In a Utilization Review report dated July 2, 2015, the claims administrator failed to approve a request for a cold compression wrap/three-week rental. The claims administrator did, however, approve a home therapy kit and an associated cold compression wrap seven-day rental, it was incidentally noted. The claims administrator referenced RFA forms dated May 27, 2015 and June 22, 2015 in its determination. The applicant's attorney subsequently appealed. On June 22, 2015, the applicant reported ongoing complaints of wrist and finger pain, exacerbated by gripping and grasping. The applicant was not working, it was reported. The applicant was pending a left carpal tunnel release surgery. The applicant had comorbid diabetes, it was reported. The applicant was placed off of work, on total temporary disability. The attending provider sought authorization for various preoperative labs and noted that the applicant was pending a carpal tunnel release surgery and a trigger finger release surgery. On May 27, 2015, the attending provider sought authorization for carpal tunnel release surgery and trigger finger release surgery. The attending provider sought authorization for cold compression wrap for postoperative use purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold compress wrap, rental for 3 weeks: 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), Forearm, Wrist & Hand-Online Version - Cold Packs.

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 (CTS), Continuous cold therapy (CCT) and Other Medical Treatment Guidelines ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Hand, Wrist, and Forearm Disorders, pg. 855 CRYOTHERAPY/COOLING BLANKET.

Decision rationale: No, the request for a cold compression wrap three-week rental was not medically necessary, medically appropriate, or indicated here. The request was framed as a request for continuous cooling device with associated wrap following planned carpal tunnel release surgery. The MTUS does not address the topic. While the Third Edition ACOEM Guidelines Hand, Wrist, and Forearm Chapter does support cooling blankets and/or cryotherapy during postoperative rehabilitation, here, however, the three-week cold compression wrap rental at issue represents treatment well in excess of the immediate postoperative window for cryotherapy is recommended, per ACOEM, and also in excess of the seven days of postoperative use for which ODG's Carpal Tunnel Syndrome Chapter recommends continuous cold therapy postoperatively. The attending provider failed to furnish a clear or compelling rationale for such a protracted duration of cryotherapy, particularly in the light of the fact that ODG's Carpal Tunnel Syndrome Chapter Continuous Cold Therapy topic cautions against over usage of the same to avoid frostbite. Therefore, the request is not medically necessary.