

<b>Case Number:</b>	CM15-0161347		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	08/01/2014
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: California

Certification(s)/Specialty: Family Practice

### 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 48-year-old female who sustained an industrial injury on August 1, 2014 resulting in right hand and wrist pain. Diagnoses have included right wrist tendonitis, right lateral epicondylitis, triangular fibrocartilage tear, and right carpal tunnel syndrome. Documented treatment includes acupuncture, occupational therapy, and Tylenol 3, but the injured worker continues with right hand and wrist pain. The treating physician's plan of care includes right wrist arthroscopic triangular fibrocartilage complex repair with request for a post-operative cold therapy unit. Current work status is temporary partial disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold therapy unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, wrist and hand.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Carpal Tunnel Syndrome Section: Continuous Cold Therapy.

**Decision rationale:** A cold therapy unit is designed to provide continuous cold therapy to an affected area. The MTUS/ACOEM Guidelines comment on the use of cold therapy for the treatment of forearm, wrist and hand complaints. These guidelines, page 271, indicate that at home applications of cold therapy remain an option for treatment; however, this is not an evidence-based recommendation. In this case, there is no rationale provided as to why the patient is not capable of performing self-application of cold packs at home as recommended as an optional treatment in the above-cited MTUS guidelines. In the Utilization Review process, however, a continuous cold-therapy unit was not approved as requested, but the request was modified for approval for 7-day use. This decision was based on the use of the Official Disability Guideline section on Continuous Cold Therapy in the Chapter on Carpal Tunnel Syndrome. While this patient does not have Carpal Tunnel Syndrome, it is reasonable to extrapolate the 7-day treatment recommendation to this patient's condition. The language of the Official Disability Guidelines on Continuous Cold Therapy is: "Recommended as an option only in the postoperative setting, with regular assessment to avoid frostbite. Postoperative use generally should be no more than 7 days, including home use. A prospective randomized study was performed comparing the efficacy of a temperature-controlled cooling blanket (CCT) or a standard ice pack in the postoperative treatment of 72 patients with carpal tunnel syndrome. Patients who used CCT showed significantly greater reduction in pain, edema (wrist circumference), and narcotic use post-op than did those using ice therapy. In this study, the controlled cold therapy was only used for 3 days. Complications related to cryotherapy, including frostbite, are rare but can be devastating." For this reason, a cold therapy unit is not medically necessary as noted in the above-cited MTUS/ACOEM Guidelines. However, in the Utilization Review process a continuous cold therapy unit was approved for 7 days of use.