

<b>Case Number:</b>	CM15-0197571		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	01/04/2013
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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: Physical Medicine & Rehabilitation

### 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 39 year old female who sustained an industrial injury on 1-4-2013. A review of medical records indicates the injured worker is being treated for status post right carpal tunnel release, status post right arthroscopic subacromial decompression and debridement, cervical sprain strain, and right shoulder impingement-calcific tendinitis of the supraspinatus and infraspinatus. Medical records dated 9-23-2015 noted right shoulder pain 8 out of 10. Right wrist-hand pain 8 out of 10, and cervical pain a 5 out 10. Pain remained unchanged from the prior visit. Physical examination noted tenderness to the right wrist and tenderness to the right shoulder diffusely. There was swelling of the right shoulder. There was tenderness to the cervical spine and cervical range of motion was limited. Treatment has included Surgery, 4 sessions of physical therapy, Duloxetine, and NSAIDS. Medications were noted to increase activity and function. Utilization review form noncertified retro water circ cold pad with pump, water circ warm pad and wrist brace NU (intermittent limb compression device) for the upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME Possible Retro Water circ Cold pad with pump, water circ warm pad: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand, 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) Carpal Tunnel Syndrome Chapter, under Continuous cold therapy.

**Decision rationale:** The patient presents with right shoulder, right wrist/hand and cervical pain. The request is for DME possible retro water circ cold pad with pump, water circ warm pad. The request for authorization is not provided. The patient is status post right shoulder surgery, 02/10/14. Status post right carpal tunnel release, 05/04/15. Patient's diagnoses include cervical sprain/strain; right shoulder impingement/calcific tendinitis of the supraspinatus and infraspinatus. Physical examination reveals incision right wrist well healed with no infection. Tenderness right wrist. Neurologically intact bilateral upper extremities. No focal deficit. Tenderness right shoulder diffusely. Swelling of the right shoulder. Atrophy of the right deltoid musculature. Moderately positive impingement signs. Tenderness cervical spine. Cervical range of motion limited. Spasm of the right deltoid tie-in/cervical trapezius. Recent physical therapy right shoulder 4 sessions non-efficacious. Medication does facilitate maintenance of ADL's including necessary household duties, shopping for groceries, grooming, and simple food preparation and cooking. Patient's medications include Hydrocodone, Duloxetine, Celebrex, Pantoprazole, and Cyclobenzaprine. Per progress report dated 09/23/15, the patient is temporarily totally disabled. ODG Guidelines, Carpal Tunnel Syndrome Chapter, under Continuous cold therapy (CCT) Section states, "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." Treater does not discuss the request. In this case, it appears the treater is recommending a Water Circ Cold Pad with Pump, Warm Pad to help the patient recover from a surgical procedure. ODG supports the use of hot/cold therapy for postoperative recovery. However, treater does not document postoperative use of the hot/cold therapy unit for no more than 7 days, as recommended by ODG. Guidelines do not allow for indefinite or open-ended use of hot/cold therapy units. Therefore, the request was not medically necessary.

**DME Possible Retro (wrist brace) NU (Intermittent limb compressions devise) for the upper extremities (DOS: 05/04/2015):** Overturned

**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, Venous thrombosis.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist Chapter, under Splinting.

**Decision rationale:** The patient presents with right shoulder, right wrist/hand and cervical pain. The request is for DME possible retro (wrist brace) NU (intermittent limb compressions devise) for the upper extremities (DOS: 05/04/2015). The request for authorization is not provided. The patient is status post right shoulder surgery, 02/10/14. Status post right carpal tunnel release, 05/04/15. Patient's diagnoses include cervical sprain/strain; right shoulder impingement/calcific tendinitis of the supraspinatus and infraspinatus. Physical examination reveals incision right wrist well healed with no infection. Tenderness right wrist. Neurologically intact bilateral upper extremities. No focal deficit. Tenderness right shoulder diffusely. Swelling of the right shoulder. Atrophy of the right deltoid musculature. Moderately positive impingement signs. Tenderness cervical spine. Cervical range of motion limited. Spasm of the right deltoid tie- in/cervical trapezius. Recent physical therapy right shoulder 4 sessions non-efficacious. Medication does facilitate maintenance of ADL's including necessary household duties, shopping for groceries, grooming, and simple food preparation and cooking. Patient's medications include Hydrocodone, Duloxetine, Celebrex, Pantoprazole, and Cyclobenzaprine. Per progress report dated 09/23/15, the patient is temporarily totally disabled. MTUS/ACOEM Chapter 11 Physical methods, page 265 regarding Wrist splints states, "When treating with splints and CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting would be used at night and may be used during the day depending upon activity." ODG, Wrist Chapter, under Splinting, states, "Recommend splinting of wrist in neutral position at night & day prn, as an option in conservative treatment." Per progress report dated 09/23/15, treater's reason for the request is "to provide stability and facilitate improve tolerance to a variety of activity involving wrists and hands." In this case, the patient continues with right wrist/hand pain, diagnosed with CTS, and status post carpal tunnel release. ACOEM guidelines support the use of a Wrist Brace for CTS. The request appears to be reasonable and within guideline recommendations. Therefore, the request was medically necessary.