

<b>Case Number:</b>	CM15-0049799		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	01/15/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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 44-year-old [REDACTED] beneficiary who has filed a claim for chronic wrist pain reportedly associated with cumulative trauma at work between the dates of January 15, 2012 through January 15, 2013. In a utilization review report dated February 25, 2015, the claims administrator failed to approve a request for a Thermacure pad purchase and/or rental. The claims administrator framed the request as a request for a cryotherapy device following carpal tunnel release surgery. The claims administrator referenced non-MTUS Third Edition ACOEM Guidelines on ankle and foot disorders and mislabeled the same as originating from the MTUS. The claims administrator stated that the applicant had undergone the carpal tunnel release surgery in question on August 25, 2014. The claims administrator referenced RFA forms of February 6, 2015 and February 19, 2015 in its determination. The applicant's attorney subsequently appealed. On August 25, 2014, the applicant did undergo a left carpal tunnel release surgery. On January 22, 2015, the applicant reportedly presented with a variety of upper extremity pain complaints. The applicant was apparently pending a right carpal tunnel release surgery. Authorization for the same was proposed. The applicant's right-sided carpal tunnel syndrome was electrodiagnostically confirmed. Norco, Relafen, and a rather proscriptive 10-pound lifting limitation were endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Thermacure x 30 days rental:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**Decision rationale:** Yes, the request for a Thermacure 30-day rental was medically necessary, medically appropriate, and indicated here. Based on the product description, the request in question represents a request for a continuous cooling device for postoperative use following planned right carpal tunnel release surgery. The MTUS does not address the topic of cryotherapy devices following carpal tunnel release surgery. However, the Third Edition ACOEM Guidelines, Hand, Wrist, and Forearm Chapter notes that cryotherapy and/or a cooling blanket are recommended for postoperative use following carpal tunnel release surgery, as was apparently planned and/or scheduled here. Therefore, the request was medically necessary.

**Thermacure Pad Purchase Right Wrist:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**Decision rationale:** Since the primary request for a Thermacure device was deemed medically necessary, the derivative or companion request for an associated pad was likewise medically necessary.