

Case Number:	CM15-0084733		
Date Assigned:	05/07/2015	Date of Injury:	10/28/2014
Decision Date:	06/08/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/04/2015

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, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 59 year old male, who sustained an industrial injury on 10/28/2014. The current diagnoses are bilateral moderate carpal tunnel syndrome, probable cubital tunnel syndrome of the left elbow, and overuse syndrome of the bilateral upper extremities. According to the progress report dated 4/1/2015, the injured worker complains numbness/tingling in bilateral forearms, hands/wrists, and to the thumbs and index fingers. Medications prescribed are Voltaren topical gel and Norflex. Treatment to date has included medication management, X- rays, bilateral wrist and elbow bracing, physical therapy, home exercise program, and electrodiagnostic testing. Despite all conservative treatment, he remains symptomatic. Therefore, bilateral carpal tunnel decompression is recommended. The plan of care includes Micro Cool unit x 6 weeks post-op right and left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Micro Cool Unit x 6 Weeks Post-Op Right and Left Wrist: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) forearm, wrist, hand.

Decision rationale: CA MTUS/ACOEM is silent on the issue of cryotherapy for the hand. According to ODG, Forearm, Wrist and Hand, cryotherapy is not recommended. Cold packs are recommended for at home application during first few days and thereafter application of heat. Cold therapy units are recommended as options after surgery in the shoulder with a rental for a maximum of 7 days. In this case the request is for a 6 week post operative usage. The request is not in keeping with guidelines and therefore the request is not medically necessary.