

Case Number:	CM15-0242370		
Date Assigned:	12/21/2015	Date of Injury:	06/01/2014
Decision Date:	01/27/2016	UR Denial Date:	11/12/2015
Priority:	Standard	Application Received:	12/14/2015

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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic 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 54 year-old female who sustained an industrial injury on 06-01-2014. According to a progress report dated 11-02-2015, the injured worker was seen for follow up of the bilateral hands and wrist. She continued to have pain and discomfort. Illnesses were noted as Diabetes and high cholesterol. Surgery was authorized and scheduled for 11-18-2015. Assessment included right carpal tunnel syndrome and right 4th trigger digit. Diagnoses included trigger finger, and right middle finger. Follow up was indicated for 2 days after surgery. Worker status was not addressed in the 11-02-2015 report. A surgery request form dated 11-02-2015 included requests for a sling and cold therapy. On 11-12-2015, Utilization Review modified the request for associated surgical service: cold therapy unit (CTU) (unspecified if rental or purchase). The request for right 4th trigger digit release and associated surgical service: sling purchase was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Cold therapy unit (CTU) (unspecified if rental or purchase):
 Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal tunnel chapter - Continuous cold therapy (CCT).

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, continuous cold therapy.

Decision rationale: The Official Disability Guidelines (ODG) indicates that Continuous Cold Therapy (CCT) is recommended as an option only in the postoperative setting, with regular assessment to avoid frostbite. Postoperative use generally should be no more than seven (7) days, including home use. Passive modalities, such as heat, should be minimized in favor of active treatments. As the anticipated time period of use was not specifically detailed, the cold therapy unit should not be considered medically necessary.