

Case Number:	CM14-0148786		
Date Assigned:	09/18/2014	Date of Injury:	06/25/2011
Decision Date:	10/16/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/12/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 64 year old female who has developed persistent upper extremity and spinal difficulties subsequent to an injury dated 6/25/11. She has been diagnosed with bilateral moderate electrodiagnostic positive carpal tunnel syndrome and bilateral De'Quervains tendonitis. On 7/1/14 she was treated with a right carpal tunnel release. A request for a continuous hold/cold unit was made, but the request was for 4 months of use. The vendor documentation states that it is for chronic spinal pain, but the physician appears to have requested it for post-operative use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown Hot/Cold Circulating Pump: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Carpal Tunnel Syndrome (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Carpal Tunnel Syndrome, Continuous Cold Therapy: Low Back, Cold/Heat Packs.

Decision rationale: MTUS Guidelines do not address the issue of utilizing continuous cold therapy. ODG Guidelines directly address this issue for carpal tunnel release post-operative use. The use of such a unit is recommended for up to 7 days post operatively. In addition, the use of a cold unit is not supported for chronic spinal pain. The request for up to 4 months use is not Guideline supported for post-operatively or for chronic spinal pain. As requested, the cold/heat circulating pump is not medically necessary.