

<b>Case Number:</b>	CM14-0165657		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	05/10/2011
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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:

The injured worker is a 42-year-old female who reported injury on 05/10/2011. The mechanism of injury was repetitive work. Prior treatments included physical therapy, injections, and a brace to the right wrist. A de Quervain's release for bilateral wrist was approved. The request was for a cold therapy unit, postoperative. Diagnostic studies included an EMG, MRI of the bilateral wrist, and an MRI of the left hand. The injured worker underwent a left open carpal tunnel release on 07/01/2013. The documentation of 07/08/2014 revealed the injured worker had pain and discomfort in her bilateral hands and wrists and was having a tendency to drop things. There was no rational or Request for Authorization submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold Therapy Unit for Bilateral Wrist:** Upheld

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

**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 Chapter, Carpal Tunnel Syndrome Chapter, Continuous Cold Therapy

**Decision rationale:** The Official Disability Guidelines indicate that continuous cold therapy is appropriate for 7 days postoperatively. The clinical documentation submitted for review indicated the injured worker had been approved for a de Quervain's release. However, there was a lack of documented rationale indicating the necessity for a cold therapy unit for the bilateral wrists. The request as submitted failed to indicate the duration of use and whether the request was for rental or purchase. Given the above, the request for cold therapy unit for bilateral wrist is not medically necessary.