

Case Number:	CM14-0173734		
Date Assigned:	10/27/2014	Date of Injury:	10/17/2011
Decision Date:	12/03/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/21/2014

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 Plastic and Reconstructive Surgery and is licensed to practice in Maryland, Virginia and North Carolina. 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 patient is a 55 year old male with a reported date of injury on 10/17/11 who was documented to have signs and symptoms of left carpal tunnel syndrome and left SLAC (scaphoid lunate advanced collapse) wrist with scaphoid non-union and avascular necrosis. He was certified to undergo left open carpal tunnel release with flexor tenosynovectomy, scaphocapitate lunate fusion with radial bone graft and radial styloidectomy. A request was made for a 30 day rental of a cold therapy unit for post-operative use. A letter dated 9/4/14 from the requesting surgeon notes that 'The use of cold/hot pneumatic compression therapy has been established as appropriate postoperative therapy for surgery.' Utilization review dated 9/24/14 did not certify a 30 day rental of pneumatic cold compression unit with wrap purchase, but modified it to a 7 day rental based on ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Day Rental of Pneumatic Cold Compression Unit with Wrap Purchase: 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),
Shoulder: Continuous-Flow Cryotherapy

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 Surgery, Continuous cold therapy

Decision rationale: The patient is a 55 year old male who was certified for left carpal tunnel release as well as wrist surgery. A request had been made for post-operative use of a 30 day rental of pneumatic cold compression unit with wrap purchase. ODG guidelines for carpal tunnel note that continuous cold therapy is recommended as an option only in the postoperative setting and generally for no more than 7 days, including home use. Thus, a 30 day rental would exceed these recommendations and is not considered medically necessary.