

<b>Case Number:</b>	CM13-0071713		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	08/06/2012
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 66-year-old female, who sustained an industrial injury on August 6, 2012. The injured worker was diagnosed as having right De Quervain's tenosynovitis, right carpal tunnel syndrome clinically positive with electromyography (EMG) positive on December 19, 2012, and left carpal tunnel syndrome clinically positive with electromyography (EMG) positive on December 19, 2012. Treatment to date has included physical therapy, bracing, home exercise program (HEP), right knee arthroscopy on July 31, 2013, TENS, and medication. Currently, the injured worker complains of bilateral wrist pain, right greater than left, with hand and finger numbness. The Secondary Treating Physician's report dated December 3, 2013, noted the left and right wrists range of motion (ROM) decreased and painful. The right wrist examination was noted to show positive Phalen's test, Tinel's sign, and compression test over the median nerve with numbness of the thumb, index, and middle finger at approximately five seconds. The treatment plan included awaiting authorization for right then left carpal tunnel decompression, with continuation of Ibuprofen, Prilosec, Tramadol, and Terocin patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative Cold Therapy Units for the bilateral wrists(unspecified quantity): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Worker's Compensation, Integrated Treatment/Disability Duration Guidelines, Knee & Leg (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel / Continuous Cold Therapy.

**Decision rationale:** ACOEM recommends use of low-tech forms of cold or heat in the initial acute phase of an injury; this guideline does not discuss use of thermal modalities in the post-operative setting. ODG recommends up to a 7 day rental of continuous cold cryotherapy immediately post-op after carpal tunnel release. A physician review of 12/18/13 certified bilateral carpal tunnel releases as well as a 7-day post-operative cold therapy unit rental. Thus, the requested treatment has previously been approved; this request appears to be a duplicate or otherwise not applicable and for this reason, the duplicate request is not medically necessary.