

Case Number:	CM15-0011672		
Date Assigned:	01/29/2015	Date of Injury:	09/10/2013
Decision Date:	03/24/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/21/2015

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: 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 50 year old male, who sustained an industrial injury on 9/10/2013. The diagnoses have included status post left hand/wrist/forearm blunt trauma crush injury, left distal radius complex fracture, left wrist complex fracture, left ulnar neuropathy and left median neuropathy. Treatment to date has included left wrist arthroscopy, occupational therapy and medications. According to the progress report dated 12/10/2014, the injured worker complained of pain to the back side of the left wrist, being unable to twist the left wrist and forearm, limited strength of the left upper extremity and dropping objects with the left hand. Objective findings revealed positive median nerve compression test. Authorization was requested for carpal tunnel release surgery and related services including a cold therapy device. On 1/6/2015 Utilization Review (UR) non-certified a request for Cold Therapy Device times 30 days to left wrist, noting that the requested surgery was not supported as medically necessary and as such there would not be a need for the requested postoperative cold therapy device. The ODG was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy device for the left wrist, for thirty days: 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), Carpal Tunnel Syndrome Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation carpal tunnel syndrome chapter: Continuous cold therapy (CCT)

Decision rationale: According to the 12/10/2014 report, this patient presents with pain and weakness of the left wrist. The current request is for cold therapy device for the left wrist, for thirty days. The patient's work status is "return or continue regular duties as of today; no limitations or restriction." Regarding cold therapy, ODG guidelines "Recommended as an option only in the postoperative setting, with regular assessment to avoid frostbite. Postoperative use generally should be no more than 7 days, including home use." In reviewing the provided reports, the Utilization Review denial letter state "At this time the requested surgery is not supported as medically necessary and as such there would not be a medical necessity for the requested postoperative DME in the form of a cold therapy device." In this case, given that the patient's surgery was not authorized, the requested 30 days cold therapy for the left wrist is not supported by the guidelines at this time. Furthermore, ODG only support up to 7 days use of cold therapy. The current request IS NOT medically necessary.