

<b>Case Number:</b>	CM15-0019040		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	11/12/2012
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 31-year-old [REDACTED] beneficiary who has filed a claim for carpal tunnel syndrome reportedly associated with an industrial injury of November 12, 2012. In a Utilization Review Report dated January 19, 2015, the claims administrator denied a motorized cold therapy unit purchase reportedly dispensed on August 29, 2014. The claims administrator suggested that the applicant had undergone a carpal tunnel release surgery on the same date, August 29, 2014. The claims administrator invoked a variety of MTUS and non-MTUS Guidelines, including Third Edition ACOEM Guidelines, which were, it is incidentally noted, mislabeled as originating from the MTUS. On July 9, 2014, the applicant was placed off work, on total temporary disability. On August 6, 2014, a carpal tunnel release surgery and associated supplies, including the cryotherapy device at issue, were apparently sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective motorized cold therapy unit purchase (DOS 08/29/2014): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 367-377.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 > Hand, Wrist, and Forearm > Disorders > Post Operative Rehabilitation > Cryotherapy/Cooling Blanket.

**Decision rationale:** The applicant is a represented 31-year-old [REDACTED] beneficiary who has filed a claim for carpal tunnel syndrome reportedly associated with an industrial injury of November 12, 2012. In a Utilization Review Report dated January 19, 2015, the claims administrator denied a motorized cold therapy unit purchase reportedly dispensed on August 29, 2014. The claims administrator suggested that the applicant had undergone a carpal tunnel release surgery on the same date, August 29, 2014. The claims administrator invoked a variety of MTUS and non-MTUS Guidelines, including Third Edition ACOEM Guidelines, which were, it is incidentally noted, mislabeled as originating from the MTUS. On July 9, 2014, the applicant was placed off of work, on total temporary disability. On August 6, 2014, a carpal tunnel release surgery and associated supplies, including the cryotherapy device at issue, were apparently sought.