

Case Number:	CM15-0122473		
Date Assigned:	07/06/2015	Date of Injury:	09/20/2005
Decision Date:	07/31/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/25/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 70-year-old male who sustained an industrial injury on 9/20/2005 leading to symptoms of right hand pain and numbness. The injured worker was diagnosed with right thumb strain superimposed upon degenerative osteoarthritis of the carpometacarpal joint; and, subsequently, carpal tunnel syndrome. Treatment has included physical therapy and medication which did not alleviate reported symptoms. The injured worker continues to complain of pain, weakness, and numbness in the right extremity. The treating physician's plan of care includes right carpal tunnel surgery and use of a post-surgery Q-Tech cold therapy unit. There is documentation that the injured worker is on modified duty, but no indication if he is presently working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative Q-tech cold therapy unit (30 day rental): 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Continuous flow cryotherapy.

Decision rationale: Pursuant to the Official Disability Guidelines, postoperative Q tech cold therapy unit system 30-day rental is not medically necessary. Compression garments are not generally recommended in the shoulder. DVT and pulmonary embolism events are common complications following lower extremity orthopedic surgery and are rare following upper extremity surgery, especially shoulder arthroscopy. The guidelines recommend monitoring high risk of developing venous thrombosis. In the shoulder, risk is lower than in the knee and depends upon the invasiveness of the surgery, the postoperative immobilization and the use of central venous catheters. Continuous flow cryotherapy is recommended as an option after surgery. Postoperative use may be up to seven days, including home use. DVT is very rare after arthroscopy of the shoulder. In this case, the injured worker's working diagnoses are right carpal tunnel syndrome; right cubital tunnel syndrome; and right shoulder rotator cuff tear. The request for authorization is dated June 3, 2015. The progress note dated April 9, 2015 indicates the injured worker is scheduled for right carpal tunnel release surgery. The Q tech cold therapy unit was requested for the postoperative period. The treating provider requested a 30-day rental. The unit is indicated for up to seven days. Consequently, absent clinical documentation indicating a seven-day rental, postoperative Q tech cold therapy unit system 30-day rental is not medically necessary.