

<b>Case Number:</b>	CM15-0124711		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	08/05/2013
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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 67 year old male, who sustained an industrial injury on 8/05/2013. He reported hyperextension of his right thumb while lifting a heavy box. The injured worker was diagnosed as having right de Quervain's tenosynovitis. Treatment to date has included diagnostics, right carpal tunnel release and thumb surgery in 3/2014, physiotherapy, acupuncture, chiropractic, modified work, and medications. Currently, the injured worker complains of moderate right wrist/hand pain. He also reported sleep problems, anxiety, and depression. Exam noted tenderness to palpation to the right wrist, positive Tinel's sign, positive Phalen's and positive Finkelstein's. Grip strength was decreased on the right. He was currently working modified duties. Current medication regimen was not noted. The requested treatment included a cold unit for his wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold Unit to the right wrist - unknown if rental or purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Cold/heat pack.

**Decision rationale:** Pursuant to the Official Disability Guidelines, cold therapy unit to the right wrist, unknown if the rental or purchase is not medically necessary. Cold packs are recommended as an option for acute pain. At home local applications of cold packs in the first few days of complaint; thereafter applications of heat packs or cold packs. There is minimal evidence supporting the use of cold therapy. "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living". In this case, the injured worker's relevant working diagnoses are right wrist tenosynovitis; right wrist sprain strain; DeQuervains tenosynovitis right wrist and status post right carpal tunnel release March 2014. The date of injury is August 5, 2013. Request for authorization is June 8, 2015. According to a progress note dated June 1, 2015, the injured worker has multiple complaints including right wrist pain. Objectively, there is a positive Tinel's, Finkelstein and Phelan's test. The injured worker status post right carpal tunnel release and tenovagotomy. The treating provider is requesting a cold therapy unit. Cold packs are recommended as an option for acute pain. The date of injury is August 5, 2013 (approximately 2 years prior). There is no acute injury present. A cold pack may be applied easily at home. There is no clinical rationale for purchasing or renting a cold therapy unit. Consequently, absent clinical documentation with the clinical rationale for purchasing or renting a cold therapy unit and simple application of cold packs in the home, cold therapy unit to the right wrist, unknown if the rental or purchase is not medically necessary.