

Case Number:	CM15-0125508		
Date Assigned:	07/10/2015	Date of Injury:	06/11/2010
Decision Date:	08/12/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic Surgery

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 41-year-old male with an industrial injury dated 06/11/2010. The injured worker's diagnoses include carpal tunnel syndrome. Treatment consisted of diagnostic studies, prescribed medications, injections, brace, physical therapy and periodic follow up visits. In a progress note dated 05/14/2015, the injured worker presented regarding right knee and wrist. The injured worker reported that he continues to have numbness, tingling and pain. Objective findings revealed positive Phalen's and Tinel's of the right wrist, tenderness over the carpal tunnel area and decreased sensation in the radial three digits with decreased grip. Electromyography (EMG) of the bilateral upper extremities revealed bilateral carpal tunnel syndrome. Treatment plan consisted of right wrist carpal tunnel release surgery with associated surgical services. The treating physician prescribed services for purchase of a cold therapy unit for the right wrist, post-operatively now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a cold therapy unit for the right wrist, post-operatively: 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 Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Continuous cold therapy.

Decision rationale: The patient is a 41-year-old male who was had requested carpal tunnel release and purchase of a cold-therapy unit for postoperative use. From ODG, carpal tunnel syndrome, continuous cold therapy: The Official Disability Guidelines (ODG) indicates that Continuous Cold Therapy (CCT) is recommended as an option only in the postoperative setting, with regular assessment to avoid frostbite. Postoperative use generally should be no more than seven (7) days, including home use. Passive modalities, such as heat, should be minimized in favor of active treatments. Therefore, purchase of a cold therapy unit would exceed the guidelines for temporary use and should not be considered medically necessary.