

<b>Case Number:</b>	CM15-0125917		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	05/09/2013
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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 26-year-old female who sustained an industrial injury on May 9, 2013. She has reported injury to the shoulders and hands and has been diagnosed with carpal tunnel syndrome and tendonitis of bilateral shoulders. Treatment has included surgery and conservative measures. Objective findings noted operative sites are clean and dry. There is diminished sensation of the left 4th and 5th fingers. There was full range of motion of the wrist and fingers with a weak grip. The treatment request included a pro sling and a 35 day rental of Q tech cold therapy recovery system with wrap.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Purchase of Pro-Sling:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online editions, 2015 chapter: Forearm, Wrist, and Hand (Acute & Chronic).

**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, Immobilization.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Pro-Sling purchase is not medically necessary. Immobilization is not recommended as a primary treatment. Immobilization and rest appear to be overuse this treatment. Early mobilization benefits include earlier return to work, decreased pain, swelling and stiffness, and a greater preserve range of motion with no increase complications. Immobilization is a major risk factor for developing adhesive capsulitis. In this case, the injured worker's working diagnoses are carpal tunnel syndrome bilateral; and tendinitis bilateral shoulders. The date of injury is May 9, 2013. Request for authorization is dated June 16, 2015. According to progress note dated June 16, 2015, subjectively the injured worker complains of both shoulders popping with numbness and tingling in the hands. The injured worker is status post left carpal tunnel syndrome. There is no clinical discussion, rationale or indication for a Pro-Sling in the medical record. The documentation is handwritten and brief. There is no discussion of upcoming shoulder surgery or approved shoulder surgery and medical record. Consequently, absent clinical documentation with a discussion, indication and rationale for a pro-Sling purchase, Pro-Sling purchase is not medically necessary.

**35 Days rental of Q-Tech cold therapy recovery system with wrap: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**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 cryotherapy.

**Decision rationale:** Pursuant to the Official Disability Guidelines, 35-day rental Q tech cold therapy recovery system with wrap is not medically necessary. Continuous flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use maybe for up to 7 days, including home use. In the post operative setting, continuous flow cryotherapy units have been proven to decrease pain, inflammation, swelling and narcotic use; however the effect on more frequently treated acute injuries has not been fully evaluated. In this case, the injured worker's working diagnoses are carpal tunnel syndrome bilateral; and tendinitis bilateral shoulders. The date of injury is May 9, 2013. Request for authorization is dated June 16, 2015. According to progress note dated June 16, 2015, subjectively the injured worker complains of both shoulders popping with numbness and tingling in the hands. The injured worker is status post left carpal tunnel syndrome. There is no clinical discussion, rationale or indication for a cold therapy recovery system in the medical record. The documentation is handwritten and brief. There is no discussion of upcoming shoulder surgery or approved shoulder surgery and medical record. Additionally, postoperative use maybe for up to 7 days, including home use. The treating physician requested 35 days. Consequently, absent clinical documentation with a discussion, indication and rationale for a cold therapy recovery system, 35-day rental Q tech cold therapy recovery system with wrap is not medically necessary.

