

Case Number:	CM14-0007497		
Date Assigned:	02/10/2014	Date of Injury:	06/08/2007
Decision Date:	06/23/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/21/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 44 year old female. On 6/8/01 the patient sustained a work injury which was an orthopedic injury to her neck, shoulders, right hand and upper and middle back. There is a pending authorization for shoulder arthroscopy on the right with rotator cuff repair, carpal tunnel release and DeQuervain's release. There is a request for a hot/cold contrast system with compression 60 day trial. Per documentation of an 11/6/13 office visit revealed that the patient complained of bilateral shoulder pain, neck pain, jaw and head pain, upper back, right thumb and wrist pain and numbness in the tips of all fingers and pain into the forearm. On cervical spine examination, the patient had muscle guarding and spasm present bilaterally. There was tenderness along the trapezius musculature. On bilateral shoulder examination, the patient had tenderness to palpation of both, shoulders. There was weakness with flexion, abduction and internal rotation of the right shoulder. The Neer's impingement test and Hawkins-Kennedy impingement test were positive bilaterally. On bilateral hand and wrist examination, the Phalen's, Finkelstein's, and Durkan's median compression tests were positive bilaterally. The grip strength with Jamar dynamometer at right was: 5, 3, 3 kg, and at left was: 10, 8, 7 kg. There was muscle spasm and guarding of the thoracic paraspinal musculature. There was tenderness of the thoracic paraspinal musculature to palpation. There was diminished light touch in the right median nerve distribution.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOT/COLD CONTRAST SYSTEM WITH COMPRESSION 60-DAY TRIAL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-266.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Release-Continuous Cold Therapy and Heat Therapy; Forearm, Wrist, Hand: Cold Packs, Heat Therapy. Shoulder-Cold Compression Therapy and Aetna Clinical Bulletin.

Decision rationale: Hot/cold contrast system with compression 60 day trial is not medically necessary per the ODG guidelines. The California MTUS does not specifically address the hot/cold contrast system with compression. The documentation indicates that the patient is pending surgery for the rotator cuff, carpal tunnel, and DeQuervain's tendinitis. The ODG states that continuous cold therapy is recommended as an option for carpal tunnel release only in the postoperative setting, with regular assessment to avoid frostbite. Postoperative use generally should be no more than 7 days, including home use. The ODG does not address the hot/cold contrast system with compression for carpal tunnel. The ODG advises against cold compression therapy in the shoulder as there are no published studies. Aetna considers the use of the Hot/Ice Machine and similar devices experimental and investigational for reducing pain and swelling after surgery or injury. Studies in the published literature have been poorly designed and have failed to show that the Hot/Ice Machine offers any benefit over standard cryotherapy with ice bags/packs; and there are no studies evaluating its use as a heat source. Aetna considers passive hot and cold therapy medically necessary. Mechanical circulating units with pumps have not been proven to be more effective than passive hot and cold therapy. The ODG does recommend at home local applications of heat therapy and ice packs for postoperative use and pain as needed. Given the fact that patient is having multiple surgeries, some of which are not recommended to have a hot/cold contrast system and the fact that the request is for 60 days (which exceeds the recommendations for continuous cold compression status post carpal tunnel release), the request for a hot/cold contrast system with compression 60 day trial is not medically necessary.