

<b>Case Number:</b>	CM13-0071970		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	04/21/2012
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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

Certification(s)/Specialty: Family Practice

### 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 49-year-old male who reported an injury on 04/21/2012. The mechanism of injury was not stated. The patient is currently diagnosed with bilateral cubital tunnel syndrome, bilateral severe carpal tunnel syndrome, left shoulder impingement, status post right carpal tunnel release and status post left carpal tunnel syndrome. The patient was seen on 11/15/2013. The patient reported 10/10 pain in the bilateral upper extremities. Physical examination on that date revealed painful range of motion of the left shoulder, weakness, crepitus bilaterally, tenderness to palpation of the medial epicondyle bilaterally, intact range of motion of bilateral elbows, markedly positive Tinel's testing and normal examination of bilateral hands. Treatment recommendations at that time included a left cubital tunnel decompression with postoperative durable medical equipment, medication and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold therapy unit purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Continuous-flow cryotherapy.

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

**Decision rationale:** The Official Disability Guidelines state that continuous flow cryotherapy is recommended as an option after surgery. Postoperative use generally may be up to 7 days, including home use. The current request for a cold therapy unit purchase for indefinite use would exceed the guideline recommendations. Additionally, there is no indication that this patient's surgical procedure has been authorized. Therefore, the request is not medically necessary.

**Cold therapy pad:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the patient's cold therapy unit purchase has not been authorized, the current request is also not medically necessary. Therefore, the request is not medically necessary.

**Sterile wrap purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the patient's cold therapy unit purchase has not been authorized, the current request is also not medically necessary. Therefore, the request is not medically necessary.

**Sling:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Immobilization.

**Decision rationale:** The Official Disability Guidelines state that immobilization is not recommended. There is no indication that this patient's surgical procedure has been authorized. Therefore, the current request cannot be determined as medically appropriate. Based on the clinical information received and the Official Disability Guidelines, the request is not medically necessary.