

<b>Case Number:</b>	CM13-0027342		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	03/11/2011
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2013

### 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. The expert reviewer is Board Certified in Orthopedic surgery and is licensed to practice in California. 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 claimant is a 36-year-old gentleman who was injured in a work-related accident on March 11, 2011. The medical records provided for review indicate a history of partial amputation of the right thumb and the primary treating physician's progress report (PR-2) documented the need for operative arthroscopy in June of 2013. A progress report, dated August 8, 2013, notes subjective complaints of neck, right shoulder, wrist, and thumb pain. It also notes at that time the claimant was status post a right thumb amputation, for which revision amputation with hardware removal was recommended. On the same date as this surgical request for revision thumb amputation, there is a request for a combination therapy device, a heat/cold compressive therapy unit for four weeks' use following the surgical process.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THERMOCOOL SYSTEM HOT/COLD COMPRESSION WITH WRAP FOR 4 WEEKS:**  
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) Shoulder Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE PROCEDURE

**Decision rationale:** The California MTUS and ACOEM Guidelines do not address the request for a combination Hot/cold compression device. When looking at Official Disability Guidelines, the request for a combination therapy device for cryotherapy and vasocompression is not supported. While the Official Disability Guidelines do recommend the short-term use of cryotherapy devices, the role of combination therapy devices has yet to be supported by randomized clinical trials that demonstrate their efficacy. The specific request for this hot/cold compressive device for four weeks of use would not be indicated and is not medically necessary.

**AN ARM ULTRA SLING II:** 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) Shoulder Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

**Decision rationale:** The request for the Arm Ultrasling cannot be recommended. The ACOEM Guidelines do not recommend the prolonged use of a sling. Using a sling would not permit range of motion exercise of the shoulder and elbow. Therefore the request is non-certified.