

Case Number:	CM13-0031305		
Date Assigned:	12/04/2013	Date of Injury:	05/13/2011
Decision Date:	01/22/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine 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 physician 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 54-year-old female who reports sustaining a work related injury on May 13, 2011. The applicant reports she sustained injury in the course of her usual duties on May 13, 2011, while she was packing at a picking machine. The picking machine came forward towards her and struck her on the left side. As she reached forward to avoid falling, she caught her right thumb on the steel hook at the base of the machine. As the machine continued to move towards her, she took the metal bar and hook away with her as she ran from the machine that would have crushed her. She moved approximately nine feet to avoid the advancing machine, with the heavy metal base and hook still attached to her right thumb. Immediate pain occurred at her right thumb, wrist, arm, shoulder and neck. Coworkers witnessed the injury. When she reported the injury, her supervisor filed an injury report, and provided the applicant with a claim form and referral to [REDACTED] in the city of [REDACTED]. At that facility she was examined by a doctor who ordered x-rays of her right hand and arm, shoulder and neck, and informed the applicant that she had "swelling in the right hand. The doctor took her off work for three days and prescribed medications. On a follow up visit her condition had not improved. A hard cast was placed from her hand to above her elbow. The applicant was taken off work. She was referred to a [REDACTED] where after three days the case was removed, since she found it painful. The doctor obtained x-rays and told her she had "inflammation." He advised her to stay off work and then informed her that she could return to work. She contacted the carrier and was referred to a [REDACTED], [REDACTED]. She was examined and referred for therapy three times a week addressing her right wrist for three months. She found the treatment slightly helpful. The doctor in Reno applied an injection to her right wrist that was temporarily helpful. The applicant retained an atto

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-tech recover system with wrap for a 35-day home use rental for the right shoulder:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines/Integrated Treatment Guidelines (ODG Treatment in Workers Com 2nd Edition)-Disability Duration Guidelines (Official Disability Guidelines 9th Edition)/Work Loss Data Institute.

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 indicate that continuous flow cryotherapy is recommended as an option after surgery, but not for non-surgical treatment. Postoperative use generally may be up to 7 days, including home use. In the post-operative setting, continuous cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (for example, muscle strains and contusions) has not been fully evaluated. Continuous flow cryotherapy units provide requested temperature through use of power to circulate ice water in the cooling packs. The request for Q-Tech recovery system with wrap for a 35 days home use rental for right shoulder is way beyond the seven (7) days approved for post-surgical use, therefore it is not medical necessary .