

<b>Case Number:</b>	CM13-0042344		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	10/21/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 28 year old with an injury date of 10/21/12. Patient complains of redness/dryness/itchiness of the right forearm/arm skin graft and scar per 9/12/13 report. Patient had a sunken region with poking sensations on the topside of the right elbow per 9/12/13 report. Based on the 9/12/13 progress report provided by [REDACTED] the diagnoses are: Status post crush/burn injury right arm, Status post crush/burn injury right forearm, Status post right arm/forearm burn scar reconstruction with full thickness skin graft from right groin, hypertrophic, hyperpigmented and hypopigmented burn scar/skin graft right arm, hypertrophic, hyperpigmented and hypopigmented burn scar/skin graft right forearm, wide irregular shaped right groin donor site scar, right lateral Epicondylitis. An exam on 9/12/13 showed right forearm: longitudinal cord-like soft tissue contracture affecting extension of right elbow, a full flexion of the right elbow. All areas of hypertrophic scar formation are tender to palpation, increasing pain with more palpation. Tenderness to palpation right later epicondylar region and mobile wad. [REDACTED] [REDACTED] is requesting thermocool compression therapy (30 day rental). The utilization review determination being challenged is dated 10/9/13. [REDACTED] is the requesting provider, and he provided treatment reports from 7/29/13to 6/4/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ThermoCool compression therapy (30 day rental): 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) Forearm, Wrist & Hand.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG for Forearm, wrist, hand Cold packs Recommended. Recommend at-home local applications of cold packs first few days of acute complaints; thereafter, applications of heat packs. (Hochberg, 2001) (Bleakley, 2004) One study showed that the addition of pulsed electromagnetic field to ice therapy produces better overall treatment outcomes than ice alone. See also Pulsed electromagnetic field.

**Decision rationale:** This patient presents with right forearm pain. The treating physician has asked for thermocool compression therapy (30 day rental) on 9/12/13. Regarding cryotherapy, ODG allows for short-term post-operative use for 7 days. The ODG states that no research shows any additional added benefit for more complicated cryotherapy units over conventional ice bags or packs. In this case, the treating physician has asked for a thermocool compression unit rental for 30 days but ODG only recommends for short-term use for 7 days at most. Therefore, the request is not medically necessary.