

Case Number:	CM14-0000719		
Date Assigned:	01/17/2014	Date of Injury:	06/07/2011
Decision Date:	11/13/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/02/2014

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 Internal Medicine, has a subspecialty in Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 39-year-old with a date of injury of 06/07/2011. A progress report associated with the request for services, dated 07/31/2013, consisted of the first postoperative visit after wrist fusion. Objective findings included swelling, but without any neurological deficits. There was no evidence of infection. Diagnoses (paraphrased) included status post left wrist fusion on 07/23/2013. Treatment had included a wrist fusion on 07/23/2013. A Utilization Review determination was rendered on 12/19/2013 recommending non-certification of "retrospective request for hot/cold therapy compression therapy unit rental with universal wrap (date of service: 7/23-8/27/13) and retrospective request for half arm wrap purchase (date of service: 7/23/13)".

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request for Hot/Cold Therapy Compression Therapy Unit Rental with Universal Wrap (DOS: 7/23-8/27/13): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264, 271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Continuous-flow Cryotherapy

Decision rationale: Thermo cool hot and cold contrast therapy with compression is a device that provides alternating hot and cold therapy with associated wraps for compression. The Medical Treatment Utilization Schedule (MTUS) states that at-home applications of heat or cold packs to aid exercises are optional. There is no recommendation for alternating heat and cold using a device other than non-mechanical application of heat or cold packs. They do not address continuous-flow therapy specifically. The Official Disability Guidelines (ODG) state that it is not recommended for the neck. It is recommended as an option after shoulder surgery, but not for nonsurgical treatment. Postoperative use may be up to 7 days. Therefore, in this case, there is no documented medical necessity for a hot/cold therapy compression unit for a period of over 30 days.

Retrospective Request for Half Arm Wrap Purchase (DOS: 7/23/13): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264, 271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Continuous-flow Cryotherapy

Decision rationale: Thermo cool hot and cold contrast therapy with compression is a device that provides alternating hot and cold therapy with associated wraps for compression. The Medical Treatment Utilization Schedule (MTUS) states that at-home applications of heat or cold packs to aid exercises are optional. There is no recommendation for alternating heat and cold using a device other than non-mechanical application of heat or cold packs. They do not address continuous-flow therapy specifically. The Official Disability Guidelines (ODG) state that it is not recommended for the neck. It is recommended as an option after shoulder surgery, but not for nonsurgical treatment. Postoperative use may be up to 7 days. Therefore, in this case, there is no documented medical necessity for a hot/cold therapy compression unit and therefore an associated wrap for a period of over 30 days (purchase).