

Case Number:	CM14-0004429		
Date Assigned:	02/05/2014	Date of Injury:	09/12/2008
Decision Date:	06/23/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/13/2014

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 Orthopaedic 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:

This 50-year-old female sustained a right wrist injury on 9/12/08, after vacuuming four houses. The patient underwent right wrist arthroscopy, synovectomy, and debridement and repair of the triangular fibro cartilage complex (TFCC) ligament on 2/27/12. The 12/81/3 treating physician progress report cited subjective complaints of persistent grade 8/10 right wrist pain with very limited use of the right upper extremity. Pain was reduced to grade 4-5/10 with medications. MRI findings showed a tear of the scapholunate ligament, tendonitis, and radioulnar joint inflammation. Right wrist exam findings documented tenderness along the wrist joint, the palmar ulnar joint, and the extensor Carpi ulna is. Grip strength was 3+/5, and there were 3+/5 weakness against wrist flexion and extension. The diagnosis was wrist joint inflammation, status post arthroscopy and TFCC ligament repair, and carpal tunnel syndrome with negative nerve studies. The treatment plan recommended right wrist arthroscopy for evaluation of the extensor Carpi ulnaris sheath, release of synovium, and possible ulnar shortening, and 21-day rental of a polar care unit. The 12/27/13 utilization review denied the request for surgery as there was no imaging evidence to support the need for a possible ulnar shortening osteotomy. Subjective complaints and objective findings did not document a possible need for ulnar shortening osteotomy. Clinical exam findings and imaging did not correlate to support the medical necessity of the extensor Carpi ulnaris sheath evaluation and release of synovium consistent with guidelines. The 21-day rental of a polar care unit was denied as the surgery was not being approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

(21) DAY RENTAL OF A POLAR CARE UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Forearm, Wrist and Hand, Cold Therapy.

Decision rationale: Under consideration is a request for 21-day rental of a Polar Care unit. The California Medical Treatment Utilization Schedule is silent on cold therapy in chronic wrist injuries. The Official Disability Guidelines recommend cold packs for at-home application in the first few days of acute complaints. Guidelines generally recommend continuous cold therapy as an option only in the post-operative setting, limited to 7 days including home use. Guideline criteria have been met. The use of a continuous cold therapy is limited to post-operative indications, up to 7 days. Given that the request for surgery has been deemed not medically necessary, the request for 21-day rental of a Polar Care unit is also not medically necessary.