

Case Number:	CM14-0104195		
Date Assigned:	07/30/2014	Date of Injury:	03/04/2010
Decision Date:	10/07/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/07/2014

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, 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 injured worker is a 54 year old female who was injured on 03/04/10 due to cumulative trauma. The injured worker is diagnosed with tenosynovitis of the hand and wrist. The injured worker is status post left trigger thumb release performed on 03/18/14 and status post right trigger thumb release performed on 06/24/14. A request for a cold therapy unit dated 12/03/13 was submitted, indicating the unit would be used to aid in rehabilitation following trigger thumb release. This request was modified by UR dated 06/24/14 for certification of a seven day rental of a continuous-flow cryotherapy unit following a right trigger thumb release scheduled for 06/24/14. Records indicate this procedure was performed without complication. Records do not include reports of treatment administered following this procedure. This is an appeal request for a cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Continuous-Flow Cryotherapy

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 section

Decision rationale: The request for a cold therapy unit is not recommended as medically necessary. MTUS/ACOEM does not address the use of cold therapy/continuous-flow cryotherapy units for postoperative care. ODG states the use of such a unit is recommended as an option after surgery and notes postoperative use generally may be up to 7 days, including home use. Guidelines do not support the purchase of such a unit. Records indicate a right trigger thumb release was planned and scheduled at the time of the previous UR decision. Based on the clinical records provided for review, the previous UR decision to modify the request to allow for a certification of a 7 day rental of a continuous-flow cryotherapy unit was medically appropriate as this would allow for compliance with applicable guideline recommendations. The request for a cold therapy unit as submitted is not medically necessary.