

Case Number:	CM14-0016398		
Date Assigned:	04/11/2014	Date of Injury:	08/03/2013
Decision Date:	08/21/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/10/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 33 year old male whose date of injury is 08/03/13. On this date the injured worker was involved in a motorcycle accident. The injured worker is status post right wrist arthroscopy with debridement and synovectomy on 01/14/14. Follow up note dated 01/20/14 indicates that there is minimal soft tissue swelling. The injured worker is neurovascularly intact. Progress report dated 02/04/14 indicates that there is swelling and stiffness and it was painful after surgery for the first week. Diagnoses are closed head injury, posttraumatic headaches, cervical sprain with cervical occipital headaches, upper back strain, bilateral shoulder strain, right elbow strain with ulnar neuritis, right hand and wrist contusion, left fifth finger proximal interphalangeal joint contusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE 14 DAY RENTAL OF COLD THERAPY WITH COMPRESSION GAME READY UNIT: 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) TREATMENT INDEX, 9TH EDITION, WEB 2011.

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 Chapter, Cold packs.

Decision rationale: Based on the clinical information provided, the request for postoperative 14 day rental of cold therapy with compression game ready unit is not recommended as medically necessary. There is no support for postoperative cold therapy unit in the Official Disability Guidelines Forearm, Wrist and Hand Chapter. The Official Disability Guidelines would support the at-home application of cold packs in the first few days of acute complaints. Therefore, the request is not in accordance with the Official Disability Guidelines, and medical necessity is not established.