

Case Number:	CM14-0112523		
Date Assigned:	08/01/2014	Date of Injury:	09/04/2013
Decision Date:	09/17/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/17/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 27 year old female was reportedly injured on September 4, 2013. The mechanism of injury is undisclosed. The most recent progress note, dated May 8, 2014, indicates that there are ongoing complaints of left knee pain, and low back pain. The physical examination demonstrated of the left knee reveals no swelling, mild tenderness diffusely at the lateral and anterior aspect, and crepitus was noted with range of motion which was measured from 0 to 125 degrees. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes physical therapy and a left knee hyaluronic acid injection. There was also a recent first and second extensor compartment release surgery performed of the right wrist. A request was made for a vacutherm cold therapy wrap and compression pad for a fourteen day rental and was not certified in the preauthorization process on July 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vacutherm Cold Therap-14 Day Rental and Compression Pad Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Shoulder Chapter-Venous Thrombosis.

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 Packs, Updated August 8, 2014.

Decision rationale: The Official Disability Guidelines does not endorse usage of a cold therapy wrap for the hand or wrist. However, it does recommend cold packs for a few days after an acute complaint and hot packs thereafter. Considering this, the request for a vacutherm cold therapy unit and compression pad for fourteen day rental are not medically necessary.