

Case Number:	CM14-0114307		
Date Assigned:	08/01/2014	Date of Injury:	06/06/2013
Decision Date:	09/16/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/21/2014

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 49-year-old male was reportedly injured on June 8, 2013. The mechanism of injury is noted as catching his thumb while inspecting a machine. The most recent progress note, dated July 16, 2014, indicates that there are ongoing complaints of right wrist pain. The physical examination demonstrated a well-healed scar of the right thumb with a 1.5 inch amputation. There were tender neuromas at the ulnar and radial digital nerves. There was full range of motion of the wrist and the thumb. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a right thumb partial amputation revision with skin grafting. A request had been made for a hot and cold water circulating therapy unit and was not certified in the pre-authorization process on July 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot & Cold Water Circulating Therapy Unit (Months) QTY 4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Forearm, Wrist & Hand (Acute & Chronic)- Heat Therapy.

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, Heat Therapy, Updated August 8, 2014.

Decision rationale: According to the Official Disability Guidelines cold should be used for the first few days of an acute injury and thereafter applications of heat. However there is no indication for continued cold/heat applications except for palliative therapy for arthritic hands. Considering this, the request for hot and cold water circulating therapy unit is not medically necessary.