MAXIMUS Federal Services

Case Number:	CM14-0125634		
Date Assigned:	08/11/2014	Date of Injury:	09/26/2002
Decision Date:	09/24/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/07/2014

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 Physical Medicine and Rehabilitation 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 patient is a 68 female who was injured on 09/26/2002. The mechanism of injury is unknown. The patient underwent right ligament reconstruction tendon interposition arthroplasty otherwise known as thumb arthroplasty and FCR tendon transposition as well as x-ray of the thumb postoperatively professional component on 07/17/2014. Progress report dated 04/16/2014 states the patient complained of right thumb pain and the pain varies in intensity. She has had a left cubital tunnel release which has provided her with great benefit. On exam, she has positive Tinel's in the right elbow and positive CMC grind test on the left. There is tenderness in the CMC joint on the right. The patient is diagnosed with right cubital tunnel syndrome, right thumb carpometacarpal joint arthrosis. The patient was recommended for home exercise program. She was dispensed Naproxen for inflammation, omeprazole, and Ultracet. She has also been recommended for cold therapy unit with sterile wrap purchase on RFA dated 05/07/2014Prior utilization review dated 07/23/2014 states the request for Cold Therapy Unit is denied as it is not medical necessary.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross/Blue Shield Policy Cooling Devices used in a Home setting Policy #7.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cold therapy unit guidelines.

Decision rationale: The MTUS and ODG do not specifically apply to the application of cold for a post-surgical situation, but generally suggest the intermittent usage of cold packs to afford comfort. There is no medical evidence that the requested cold therapy unit is of any greater efficacy than the passive application of ice or the usages of cold packs. The medical records document no specific rationale for the use of continuous cold application using an active cold therapy unit rather than more passive methods. Based on the lack of any justification for the requested cold therapy unit as well as the ready availability of ice for application to the injured area the request is not medically necessary.