

<b>Case Number:</b>	CM14-0152211		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	10/28/2010
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 Management 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:

According to the records made available for review, this is a 56-year-old male with a 10/28/10 date of injury. At the time (8/29/14) of the request for authorization for durable medical equipment - 30 day rental for a cold therapy unit for the right hand/fingers, there is documentation of subjective (numbness over the index, middle, and ring fingers) and objective (positive tenderness in the right hypothenar eminence, slight positive tenderness over the pisiform triquetral junction) findings, current diagnoses (crush injury to the right hand with an open dislocation of the right little finger proximal interphalangeal (PIP) joint, laceration of the volar PIP joint with split laceration to the right distal palm), and treatment to date (medication). There is no documentation of arthritic hands.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable medical equipment- 30 day rental for a cold therapy unit for the right hand/fingers:** 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)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand; Heat therapy

**Decision rationale:** MTUS reference to ACOEM Guidelines identifies patients' at home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. ODG identifies documentation of arthritic hands as criteria necessary to support the medical necessity of cryotherapy. Within the medical information available for review, there is documentation of diagnoses of crush injury to the right hand with an open dislocation of the right little finger proximal interphalangeal (PIP) joint, laceration of the volar PIP joint with split laceration to the right distal palm. However, there is no documentation of arthritic hands. Therefore, based on guidelines and a review of the evidence, the request for durable medical equipment - 30 day rental for a cold therapy unit for the right hand/fingers is not medically necessary.