

Case Number:	CM14-0170378		
Date Assigned:	10/23/2014	Date of Injury:	05/13/2014
Decision Date:	11/21/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/15/2014

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 Orthopedic Spine Surgery 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 injured worker is a 23-year-old male who reported an injury on 05/13/2014, while performing his duties he was standing by a conveyer belt when he slipped on water, fell, and his hand went into the conveyer belt feeling a pulling in his hand and arm. The injured worker complained of sharp stabbing radicular neck pain with muscle spasms greater than right side. Pain was described as constant moderate to severe. The injured worker had diagnoses of cervical spine radiculopathy, cervical spine pain, rule out cervical disc displacement, rule out right shoulder rotator cuff tear, right elbow lateral epicondylitis, rule out right wrist triangular fibrocartilage tear, thoracic spine sprain/strain, rule out thoracic spine HNP, lower back pain, radiculitis to the lower extremity, rule out lumbar disc displacement HNP, right forearm crush injury, and "upper indicator internal fixation" with residual pain. The diagnostics included x-rays to the right arm. The Medication included Advil with a rated pain a of 8/10 using the VAS. Surgeries included an "upper indicator interior fixation" of the radius and ulna on 05/29/2014. The objective findings stated, on 09/16/2014, of the cervical spine revealed anterior head carriage with right lateral head tilt, with a 3+ tenderness to palpation at the suboccipital muscle, scalenes, and trapezius muscles. Range of motion with flexion at 20 degrees and extension at 10 degrees. The right shoulder examination revealed palpation to the supraspinatus and infraspinatus muscles, as well as the tendon attachment sites with a 2+ tenderness, and a 1+ tenderness to palpation at the AC joint. Range of motion with flexion 135 degrees and extension 20 degrees. Empty can test positive, Apley's scratch positive, and a negative arm drop. Right elbow examination revealed tenderness to palpation at the lateral epicondyle, and tenderness to palpation at the extensor muscle compartment, with range of motion at flexion 75 degrees and extension 0 degrees. Cozen's sign positive and Mill's sign negative. The examination of the right forearm revealed a well healed surgical incision at the forearm, secondary to the "indicator

internal fixation" of the radius and ulna. Tenderness to palpation noted at the surgical site. The examination of the right wrist/hand revealed claw hand, unable to make fist, and capillary refill was under 3 seconds. Tenderness to palpation with distal radioulnar joint, and tenderness at the carpal tunnel and the first dorsal extensor muscle compartment. Tenderness at all the joints, and at the dorsal surface of the right hand. Tenderness to palpation over the carpal bones, and over the thenar eminence, and at the metacarpals. Range of motion was flexion at 5 degrees and extension 7 degrees. A positive Tinel's test, a negative Finkelstein's test, and TFCC load test was positive. The Request for Authorization dated 10/23/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot/cold therapy unit rental: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

Decision rationale: The request for hot/cold therapy unit rental is not medically necessary. The California MTUS/ACOEM state that physical modalities, such as massage, diathermy, cutaneous laser treatment, "cold" laser treatment, transcutaneous electrical neurostimulation (TENS) units, and biofeedback have no scientifically proven efficacy in treating acute hand, wrist, or forearm symptoms. Limited studies suggest there are satisfying short- to medium-term effects due to ultrasound treatment in patients with mild to moderate idiopathic CTS, but the effect is not curative. 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. The documentation provided did not justify the need for a cold/hot therapy unit rental. Additionally, the provider did not indicate the length of time for the unit rental. Also, the request did not specify the location of the hot/cold therapy unit. As such, the request is not medically necessary.