

Case Number:	CM14-0024333		
Date Assigned:	06/13/2014	Date of Injury:	08/21/2013
Decision Date:	08/04/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/26/2014

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 & Rehabilitation and Pain Management has a subspecialty in Interventional Spine 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 26 year old with an injury date on 8/21/13. Patient complains of severe right wrist pain rated 3/10 with spasms, numbness, and loss of range of motion per 12/13/13 report. Patient has a serious chronic condition, with slower progress than expect with only 20% improvement per 12/13/13 report. Based on the 12/13/13 progress report provided by [REDACTED] the diagnoses are: 1. stress/anxiety/depression 2. Insomnia 3. Pain in the right wrist 4. Gastrointestinal issues with stones, resolved Exam on 12/13/13 showed painful/limited range of motion of right wrist/hand. There is pain on palpation, taut muscles/spasms of the right wrist/hand, edema/swelling in the right wrist/hand, and sensory loss in the right hand. Trigger points are in the right wrist/hand. 2+ tenderness to palpation over carpal bone, carpometacarpal joint, and metacarpophalangeal bilaterally. Range of motion: 60 degrees of dorsiflexion bilaterally, 60 degrees of palmar flexion bilaterally, 20 degrees of radial deviation bilaterally, and 30 degrees of ulnar deviation bilaterally. [REDACTED] is requesting aqua relief system upper and lower arm, right wrist and fingers. The utilization review determination being challenged is dated 1/17/14. [REDACTED] is the requesting provider, and he provided treatment reports from 8/29/13 to 5/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Relief System for upper & lower arm, right wrist and fingers: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Forearm, wrist & hand Chapter, Cold packs and Carpal Tunnel chapter, Continuous cold therapy.

Decision rationale: This patient presents with right wrist pain. The treater has asked for aqua relief system upper and lower arm, right wrist and fingers on 12/13/13. Patient has no recent surgeries noted in the provided reports. Regarding cryotherapy, ODG allows for short-term post-operative use for 7 days. ODG states that no research shows any additional added benefit for more complicated cryotherapy units over conventional ice bags or packs. In this case, the requested cryotherapy unit is not indicated as patient is not in a postoperative condition. Furthermore, ODG does not recommend usage of complicated cold therapy units as they have no proven benefit over conventional ice packs. Therefore, the request for Aqua Relief System for upper & lower arm, right wrist and fingers is not medically necessary and appropriate.