

<b>Case Number:</b>	CM14-0027002		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	02/16/2011
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Medicine, 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 42-year-old male with a 2/16/11 date of injury. At the time of the request for authorization, there is documentation of subjective complaints of left hand pain, left wrist pain, and left arm numbness, tingling and sharp pain, and objective findings of tenderness to the left hand globally, tenderness to the dorsal left wrist, hypoesthesia to C6 to T1 left dermatome. Current diagnoses include left hand crush injury and left wrist crush injury, and treatment to date has been medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COLD THERAPY UNIT AND SUPPLIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

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

**Decision rationale:** The MTUS states that 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. Guidelines identifies generally, solely an analgesic effect was demonstrated by the use of continuous cooling; that crushed ice, cold packs and electric-powered cooling devices differ in

handling, effect and efficiency; and that the exact recommendations on application time and temperature cannot be given. Therefore, based on guidelines and a review of the evidence, the request for a cold therapy unit and supplies is not medically necessary.

**IF UNIT AND SUPPLIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that interferential current stimulation is not recommended as an isolated intervention and that there is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Therefore, based on guidelines and a review of the evidence, the request for IF unit and supplies is not medically necessary.

**ASSY STRAPS 16"/48":** 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, Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), ` Page(s): 118-120. Decision based on Non-MTUS Citation PubMed.

**Decision rationale:** Regarding cold therapy units, the MTUS 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. Medical Treatment Guideline identifies generally, solely an analgesic effect was demonstrated by the use of continuous cooling; that crushed ice, cold packs and electric-powered cooling devices differ in handling, effect and efficiency; and that the exact recommendations on application time and temperature cannot be given. Regarding interferential therapy, MTUS Chronic Pain Medical Treatment Guidelines identifies that interferential current stimulation is not recommended as an isolated intervention and that there is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Therefore, based on guidelines and a review of the evidence, the request for Assy straps 16/48 is not medically necessary.