

Case Number:	CM14-0031295		
Date Assigned:	07/02/2014	Date of Injury:	06/12/2012
Decision Date:	08/06/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/01/2014

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 Surgery and is licensed to practice in Texas. 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 50-year-old male who reported a crush injury on 06/12/2012. Current diagnoses include status post crush injury to the right thumb with partial amputation, right thumb soft tissue and contour abnormality and right thumb nail and nailbed contour abnormality. The injured worker was evaluated on 12/20/2013 with complaints of sensitivity of the tip and joint of the right thumb. Physical examination revealed irregularity of the soft tissue distal aspect of the right thumb, contour of the distal aspect of the right thumb and nailbed. Previous conservative treatment was not mentioned. Treatment recommendations at that time included surgery for rebuilding of the right thumb/right thumb nail. Postoperative durable medical equipment and occupational therapy was also requested on that date.

IMR ISSUES, DECISIONS AND RATIONALES

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

PUMP FOR WATER CIRCULATING (COLD THERAPY UNIT) FOR THIRTY DAYS:
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Continuous Flow Cryotherapy.

Decision rationale: Official disability guidelines state continuous flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days including home use. As per the documentation submitted for this review, the injured worker is pending authorization for a surgery to the right thumb. The current request for a cold therapy unit for 30 days exceeds guideline recommendations. Therefore, the current request is not medically appropriate. As such, the request is non-certified.