

Case Number:	CM14-0035372		
Date Assigned:	06/23/2014	Date of Injury:	03/31/2013
Decision Date:	07/25/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/21/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 female. The injured worker reported injury on 03/31/2013. The mechanism of injury was injured worker was restraining a patient. The injured worker has been treated with physical therapy and medications. The documentation of 01/28/2014 revealed the injured worker had left wrist pain and pain to palpation. The diagnosis included left wrist pain rule out CRPS. The treatment plan included an aqua relief system and paraffin bath as well as a home exercise kit.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME- hot/cold unit: 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): 263-264.

Decision rationale: The ACOEM Guidelines indicate at home local applications of cold packs are appropriate for the first few days of the acute complaint. Thereafter, there should be applications of heat packs. The clinical documentation submitted for review failed to indicate a

necessity for a hot and cold unit versus the application of hot and cold packs. The request as submitted failed to indicate the duration of use for the requested unit and whether the unit was for rental or purchase. Given the above, the request for DME hot/cold unit is not medically necessary.