

Case Number:	CM14-0041369		
Date Assigned:	06/27/2014	Date of Injury:	10/19/2011
Decision Date:	08/14/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/07/2014

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 Internal 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:

The claimant presents with right wrist pain secondary to an occupational injury sustained on 10/19/11. The claimant uses a wrist brace in the day and night but the pain is starting to worsen. Examination of the right wrist shows tenderness to palpation over the dorsum and ulnar aspects of the wrist, 4/5 muscle weakness on wrist flexion and extension, positive Finkelstein's test, and limited range of motion in all planes. Right wrist MRI on 10/10/13 shows distal radioulnar joint osteoarthritis and effusion, triscaphe joint osteoarthritis and capsulitis, pisotriquetral joint osteoarthritis with a 2mm cyst in the distal pole of the triquetrum, mild pisotriquetral subluxation, a cyst in the head of the third metacarpal bone, and a TFCC (Triangular Fibrocartilage Complex) tear. The claimant has failed conservative care including 24 sessions of physical therapy, 12 sessions of acupuncture, splinting during the day and night, and medications. The patient underwent, extensive amount of conservative treatment including physical therapy, acupuncture, and NSAIDs. The patient also underwent an MRI of her right wrist showing a triangular fibrocartilage complex (TFCC) tear with chondromalacia, which was consistent with her physical exam findings. The patient was then indicated to undergo a right wrist arthroscopy. Diagnoses were right wrist triangular fibrocartilage complex TFCC tear, right wrist chondromalacia, triquetrum cyst, hypertrophic synovitis. Operation report April 16, 2014 documented the performance of right wrist arthroscopy, right wrist triangular fibrocartilage complex TFCC debridement, right wrist chondroplasty, removal of cyst, synovectomy. Utilization review decision date was 03-10-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op ice machine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC, cold packs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265,271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Carpal Tunnel Syndrome (Acute & Chronic) Continuous cold therapy (CCT).

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004)Chapter 11 Forearm, Wrist, and Hand Complaints indicates that cold packs are an optional passive physical modality. Medical treatment utilization schedule (MTUS) guidelines do not address whether cooling devices provide any added health benefits over conventional ice packs. Official Disability Guidelines (ODG) states that continuous cold therapy (CCT) is an option only in the postoperative setting, with regular assessment to avoid frostbite, for carpal tunnel syndrome, but not other wrist conditions. A randomized trial reported in the Knee Surgery, Sports Traumatology, Arthroscopy journal (2011) concluded that there was no significant effect of home-based cryotherapy and compression, following wrist arthroscopy regarding pain, swelling, range of motion, and subjective impairment. The operation report dated April 16, 2014 documented the performance of right wrist arthroscopy, right wrist triangular fibrocartilage complex (TFCC) debridement, right wrist chondroplasty, removal of cyst, synovectomy. Diagnoses were right wrist triangular fibrocartilage complex (TFCC) tear, right wrist chondromalacia, triquetrum cyst, hypertrophic synovitis. The patient did not have carpal tunnel syndrome. The request was for a post-op ice machine. The medical records do not indicate a rationale for a cryotherapy cooling device to be used post-operatively in the home setting without direct physician or physical therapist supervision.MTUS, ACOEM, ODG guidelines and medical literature do not support the medical necessity of a post-operative cryotherapy cooling device for the patient's wrist triangular fibrocartilage complex (TFCC) tear, right wrist chondromalacia, triquetrum cyst, and hypertrophic synovitis diagnoses. Therefore, the request for Post-op ice machine is not medically necessary.