

<b>Case Number:</b>	CM14-0042642		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	06/28/2012
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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 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:

This is a 50 year old female patient with a injury date of 6/28/12. Etiology of injury is unclear however patient alleges an industrial injury to her left middle trigger finger, while working for the [REDACTED] and [REDACTED]. Patient's chief complaint was pain in the left middle finger described as achy and throbbing, with swelling, popping and grinding. Any type of movement or action all aggravated the pain symptoms. An EMG and nerve conduction velocities dated 10/26/12, revealed mild bilateral carpal tunnel syndrome. [REDACTED] requested authorization for a left long trigger finger release, which was authorized and then denied because of MPN issues. Treatment-to-date: 4 cortisone injections, over-the-counter medications, prescribed medications, brace/support, stretching, changing positions, use of cold/heat, use of ointment/patches, massages and rest. A UR decision dated 3/25/14 denied the request for a cold therapy unit purchase because it is recommended postoperative use up to 7 days. A 7 day continuous flow cryotherapy unit rental has been approved. Therefore, the request for a cold therapy unit purchase was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold Therapy Unit Purchase QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-266. Decision based on Non-MTUS Citation Official Disability Guidelines Forearm, Wrist & Hand.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter: Cryotherapy.

**Decision rationale:** CA MTUS does not address this issue. ODG states that 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. This patient has already been approved for a left long finger trigger release surgery and a 7 day continuous flow cryotherapy unit rental has been approved. There is no specific rationale provided as to why the patient needs to purchase the unit vs. the rental. Therefore, the request for cold therapy unit purchase was not medically necessary.