

Case Number:	CM14-0070993		
Date Assigned:	07/14/2014	Date of Injury:	05/29/2012
Decision Date:	09/15/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/15/2014

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 and 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:

The injured worker is a 61-year-old male who sustained an injury on May 29, 2012. He is diagnosed with (a) status post major fall on right outstretched hand/wrist with dorsiflexion, (b) closed right wrist injury, (c) right wrist chronic pain with loss of range of motion, (d) right basal joint degenerative traumatic arthritis, and (e) degenerative arthritis to the right and left fingers. He was seen on February 27, 2014 for an evaluation. He had complaints of achiness and pain of the right wrist, weakness of the right wrist with activities, swelling of the right wrist, inability to grip and grasp with right thumb, and weakness of the bilateral arms with reclining position. Examination revealed pain upon rotation, subluxation, flexion, and extension of the right thumb at the basal joint. There was positive crepitus noted with rotation of the right thumb basal joint. Range of motion was decreased. Overall, there was considerable weakness of the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Water circ cold pad with pump: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter, Cold packs.

Decision rationale: The request for rental of cold therapy unit for 30 days is not considered medically necessary at this time. In as much as the importance of cold therapy during postoperative treatment was considered, necessity was not established as to why a cold therapy unit has to be utilized when local application of cold packs would be sufficient for the area to be treated.