

Case Number:	CM14-0074488		
Date Assigned:	07/16/2014	Date of Injury:	08/18/2013
Decision Date:	09/09/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/20/2014

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 Nevada. 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 records presented for review indicate that this 48 year-old individual was reportedly injured on 8/18/2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated 6/3/2014 indicates that there are ongoing complaints of right hand, wrist, and distal forearm pain. The physical examination demonstrated right upper extremity: distal ulna remains prominent, decreased tenderness over the first dorsal compartment. Residual tenderness over the flexor carpi radialis. Finkelstein is minimally positive. No swelling noted, but patient reports tenderness globally around her wrist as well as her palm of the right hand. No recent diagnostic studies are available for review. Previous treatment includes medications, splinting, and conservative treatment. A request had been made for heat and ice pump, and was not certified in the pre-authorization process on 5/8/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ice and Heat Pump: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 11-7. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Online Edition Chapter: Forearm, Wrist, and Hand.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC (Official Disability Guidelines-Treatment in Workers' Compensation) Integrated Treatment/Disability Duration Guidelines; Shoulder (Acute & Chronic) - Continuous Flow Cryotherapy - (updated 7/29/14).

Decision rationale: It is recommended as an option after surgery by ODG, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage, however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. After review the numbers provided the injured worker is not in a postoperative status, this request is deemed not medically necessary.