

<b>Case Number:</b>	CM14-0201153		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	10/28/2010
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Rehab, has a subspecialty in Interventional spine 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 patient is a 57-year-old male with an injury date of 10/28/2010. Based on the 08/01/2014 progress report, the patient complains of having a limited range of motion of the fingers of the right hand, stiffness of the fingers of the right hand, pain in the right wrist, pain in the right fingers/knuckles, and numbness on the top side/knuckles of the right hand. With extreme flexion contracture of the PIP joint, there is clear evidence of volar plate contracture. There is intrinsic tightness of the little finger, allowing 80 to 85 degrees of flexion. "Presently, the patient is a candidate for volar plate release of the PIP-5 joint along with extensor tenolysis and capsulotomy of the extensor tendon of the PIP-5 joint. We are now ready to proceed with surgery as soon as possible." The 09/12/2014 report states that the patient continues to have wrist pain and abnormal finger pain. The 10/24/2014 report indicates that the patient continues to have pain in the right wrist/fingers and knuckles. He has stiffness of the fingers of the right hand as well as increased pain in the right fingers of the right hand with physical activity. He continues to have tenderness in the top part of his right hand and knuckles. There has been no change in range of motion of fingers, and there is a continued volar plate contracture. The patient's diagnoses include the following: 1. Right index finger flexion contracture, PIP joint. 2. Right index finger extension contracture, DIP joint. The utilization review determination being challenged is dated 11/05/2014. Treatment reports were provided from 08/01/2014-10/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold therapy unit for right hand/finger 30 day rental: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Continuous-flow cryotherapy

**Decision rationale:** According to the 10/24/2014 report, the patient presents with pain in his right wrist/fingers and knuckles, stiffness of the fingers of the right hand, increasing pain in the right fingers of the right hand, and numbness on the top part of the right hand and knuckles. The request is for a cold therapy unit for the right hand/finger, 30-day rental. Regarding cold therapy units, neither ACOEM nor the MTUS discusses it. The ODG guidelines discuss it under the Knee and Shoulder Chapter supporting it for post-operative use for 7 days. Regarding cold treatments in general, ACOEM and the ODG guidelines under the Wrist/Hand Chapter recommends "at-home local applications of cold packs first few days of acute complaints." The current request for cold therapy unit following right hand/finger surgery is not supported by the guidelines. The request is not medically necessary.