

<b>Case Number:</b>	CM14-0218104		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	09/25/1995
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York, New Hampshire, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 60 year old male with a date of injury of September 25, 1995. Results of the injury include right shoulder, left shoulder, and right hand and wrist. Diagnosis include clos fracture navicular bone wrist, clos fx mid/prox phalanx/phalang hnd, and rotator cuff sprain and strain. Treatment has included Aspirin, sacraliac joint injection, and pain medication. Magnetic Resonance Imaging (MRI) scan of the lumbar spine dated October 20, 2014 conclusion revealed interval hemilaminectomy in the right L2-L3 with resection of the extruded disc fragment without evidence recurrent disc extrusion. Immature scar dorsal to the L2-3 disc space. Small nonspecific fluid collection at the laminectomy site. Progress report dated October 24, 2014 revealed the left shoulder had anterior subluxation and a positive anterior apprehensive test. There was a positive Hawkin's sign and positive impingement sign. Right shoulder revealed a positive crossover sign, Hawkin's sign, and positive impingement sign. The right hand and wrist showed mild dorsal tenderness in the MCP of the small finger, mild dorsal tenderness in the PIP of the small finger. There was pain with active flexion and extension of the small finger. There was a positive Phalan's test at 1 minute and Tinel's sign. Work status was documented as modified work restrictions. The plan of care included a home exercise program and ice. Utilization review form dated Post op DME purchase: Hot/Cold therapy unit with wrap due to noncompliance with Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-Op DME Purchase: Hot/Cold Therapy Unit with Wrap: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment Index, 12th Edition (web), 2014 Low Back-Cold/heat packs

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation low back chapter

**Decision rationale:** ODG guidelines do not recommend hot/cold therapy units for the treatment of chronic pain. This patient has chronic shoulder and back pain. Hot cold therapy not medically necessary and not likely to relieve pain.