

Case Number:	CM15-0109812		
Date Assigned:	06/16/2015	Date of Injury:	10/01/2012
Decision Date:	07/17/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/08/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old male sustained an industrial injury on 10/01/12. He subsequently reported right wrist pain. Diagnoses include right wrist triangular fibrocartilage complex tear. Treatments to date include x-ray and MRI testing, right wrist surgery and prescription pain medications. Upon examination for follow up for right wrist arthroscopy, right wrist range of motion is reduced. Wrist strength is within normal limits. Surgical wounds are clean, dry and intact without erythema. A request for Cooling System rental x 4 weeks was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cooling System rental x 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Online Version - Continuous-flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Shoulder Chapter, Continuous-flow cryotherapy.

Decision rationale: This patient presents with chronic right wrist pain. The current request is for a Cooling System rental x 4 weeks. The RFA is dated 05/19/15. Treatments to date include x-ray and MRI testing, right wrist surgery and prescription pain medications. The patient is not working. ODG Elbow chapter does not discuss post-operative Cold therapy, though ODG guidelines, Shoulder Chapter, under Continuous-flow cryotherapy states the following regarding postoperative cold therapy units: "Recommended as an option after surgery, 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. Complications related to cryotherapy are extremely rare but can be devastating." This patient is status post right wrist arthroscopy with Triangular fibrocartilage complex debridement and the treater has recommended a cooling System rental for 4 weeks for post-operative use. In regard to the request for a 4 week rental of a cold therapy unit following this patient's recent surgery, the treater has specified an excessive duration of therapy. While such unit would be considered appropriate for the management of pain and swelling following this patient's recent elbow surgery, the specified 4 week duration exceeds guideline recommendations of 7 day post-operative use. Therefore, the request IS NOT medically necessary.