

Case Number:	CM15-0164140		
Date Assigned:	09/01/2015	Date of Injury:	04/07/2015
Decision Date:	10/05/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/21/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 33-year-old man sustained an industrial injury on 4-7-2015 after getting his hand pinned while helping to put a stage together, then had his right hand crushed between a wall and cart. Although he had reported the injuries, he did not receive medical care. Diagnoses include rule out right wrist internal derangement, rule out right wrist fibrocartilage complex tear, and rule out tear of extensor carpi ulnaris. Treatment has included oral medications. Physician notes on a doctor's first report of occupational illness or injury form dated 7-16-2015 show complaints of right hand and wrist pain. Recommendations include right wrist brace, hot and cold therapy unit, urine drug screen, right wrist MRI, and functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot/cold therapy unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-272.

Decision rationale: This 33 year old male has complained of hand and wrist pain since date of injury 4/7/2015. He has been treated with medications. The current request is for a hot/cold therapy unit. Per the MTUS guidelines cited above, a hot/cold therapy unit is not a recommended physical modality for the treatment of hand and wrist pain. On the basis of the available medical records and per the guidelines cited above, hot/cold therapy unit is not indicated as medically necessary.