

Case Number:	CM15-0169346		
Date Assigned:	09/10/2015	Date of Injury:	09/12/2013
Decision Date:	10/08/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/27/2015

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: New York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 47-year-old male who sustained an industrial injury on September 12, 2013 resulting in right wrist, hand, and finger pain. Diagnoses have included right third and fourth finger stenosing tenosynovitis, right long trigger finger release with cystic mass and recurrence, right ring trigger finger release with residuals, right carpal tunnel syndrome, and right index finger stenosing tenosynovitis. Documented treatment includes right index , long, and ring finger release and tenosynovectomy on April 27, 2015; working with restrictions; an unspecified amount of physical therapy; pain medication; Gabapentin which provided unwanted side effects; and use of wrist brace. The injured worker has been presenting with worsening symptoms including increasing numbness, tingling, shaking and weakness of the right hand, as well as worsening triggering and reduced range of motion to the right index finger. He is presently not working and on disability. The treating physician's plan of care includes a right carpal tunnel release including a post-operative cold pneumatic compression therapy unit which was modified by the reviewer to a seven day rental with the rationale that continuous cold therapy is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Pneumatic compression therapy unit: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care.

Decision rationale: This injured worker has chronic pain is status post surgery in 4/15. During the acute to subacute phases of surgery for a period of 2 weeks or less, physicians can use passive modalities such as application of heat and cold for temporary amelioration of symptoms and to facilitate mobilization and graded exercise. In this case, there is no documentation of inflammation and it is not clear why the application of ice packs cannot be used instead of a cold therapy unit. The medical necessity for a Cold Pneumatic compression therapy unit is not substantiated in the records. The request is not medically necessary.