

Case Number:	CM15-0188172		
Date Assigned:	09/30/2015	Date of Injury:	02/16/2015
Decision Date:	11/09/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	09/24/2015

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:

The injured worker is a 41 year old male who sustained an industrial fall from a truck injury on 02-16-2015. A review of the medical records indicated that the injured worker is undergoing treatment for bilateral distal radius mal-union. The injured worker is status post arthroscopy with extensive debridement of the right wrist, distal radius corrective opening wedge osteotomy with plate and bone graft on 07-29-2015. According to the treating physician's progress report on 08-12-2015, the injured worker was evaluated 2 weeks post-operatively with bilateral wrist pain. Examination noted right wrist incision clean and dry with slight swelling and tenderness and stiffness of the fingers. Skin color, capillary refill and motor sensory examination of the right upper extremity were within normal limits. X-rays performed on 08-12-2015 demonstrated good alignment with plate and screws in place. Prior treatments have included diagnostic testing, casting, medications followed by surgical intervention. Current medications were listed as post-operative pain medications. The injured worker is on temporary total disability (TTD). Treatment plan consists of post-operative care with compression wrap, occupational therapy, removable brace and pain medications and the current request for cold compression unit, daily rental for 14 days for the right wrist. The Utilization Review modified the retrospective request for cold compression unit, daily rental for 14 days for the right wrist to cold compression unit, daily rental for 7 days for the right wrist on 09-23-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold compression unit, daily rental for the right wrist, QTY: 14: 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), Knee & Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand, Cold therapy, page 157.

Decision rationale: Review indicates the Utilization Review modified the retrospective request for cold compression unit, daily rental for 14 days for the right wrist to cold compression unit, daily rental for 7 days for the right wrist on 09-23-2015. The request for authorization does not provide supporting documentation for purchase beyond the guidelines criteria. There is no documentation that establishes medical necessity, or that what is requested is medically reasonable outside recommendations of the guidelines. The request for a Cold therapy System does not meet the requirements for medical necessity beyond the recommended 7 days postop. MTUS Guidelines are silent on specific use of cold compression therapy, but does recommend standard cold pack for post exercise. ODG Guidelines specifically addresses the short-term benefit of cryotherapy post-surgery; however, limits the use for 7-day post-operative period as efficacy has not been proven after. The Cold compression unit, daily rental for the right wrist, QTY: 14 is not medically necessary and appropriate.