

Case Number:	CM15-0221132		
Date Assigned:	11/16/2015	Date of Injury:	01/30/2015
Decision Date:	12/23/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/10/2015

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, Virginia, North Carolina
 Certification(s)/Specialty: Plastic 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 54 year old male who sustained an industrial injury on 01-30-2015. Medical records indicated the worker was treated for injury to his left thumb. A fusion of the left thumb IP joint has been recommended. In the provider notes of 10-14-2015, the worker complains of left thumb pain. He had a prior surgical pinning of the thumb. In the exam he complained of stiffness of the thumb, difficulty moving, and sensitivity of the thumb. He also complains of pain in the left shoulder and decreased range of motion of the shoulder. Objectively, the thumb had deformity and scarring and was noted to be in hyperextension positive 20 degrees. There was no active or passive flexion. There was decreased sensation dorsally. The worker also complained of pain in the left shoulder. Exam noted decreased range of motion. X-rays of the thumb showed he has a fracture with arthritis in the IP joint of the thumb with narrowing and decrease of the joint space of the IP (interphalangeal) joint of the thumb. The worker was seen by two specialists who agreed the worker needs a surgery on the left thumb. A request for authorization was submitted for: 1. Fusion left thumb IP 2. Post-op sling 3. Associated surgical service: Thumb spica splint 4. Associated surgical service: purchase of a cold therapy unit. A utilization review decision 10/29/2015 approved: Fusion left thumb IP, Post-op sling, associated surgical service: Thumb spica splint and non-approved: Associated surgical service: purchase of a cold therapy unit

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: purchase of a cold therapy unit: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Continuous-cold cryotherapy.

Decision rationale: The patient is a 54 year old male who was certified for fusion of the left thumb IP joint. A request was made for purchase of a cold therapy unit. From ODG Continuous-cold cryotherapy: "Continuous-flow cryotherapy: Recommended as an option after surgery, but not for non-surgical 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 (e.g., 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. The available scientific literature is insufficient to document that the use of continuous-flow cooling systems (versus ice packs) is associated with a benefit beyond convenience and patient compliance (but these may be worthwhile benefits) in the outpatient setting. His meta-analysis showed that cryotherapy has a statistically significant benefit in postoperative pain control, while no improvement in postoperative range of motion or drainage was found. As the cryotherapy apparatus is fairly inexpensive, easy to use, has a high level of patient satisfaction, and is rarely associated with adverse events, we believe that cryotherapy is justified in the postoperative management of knee surgery. There is limited information to support active vs. passive cryo units. Aetna considers passive hot and cold therapy medically necessary. Mechanical circulating units with pumps have not been proven to be more effective than passive hot and cold therapy. This study concluded that continuous cold therapy devices, compared to simple icing, resulted in much better nighttime pain control and improved quality of life in the early period following routine knee arthroscopy. Two additional RCTs provide support for use after total knee arthroplasty (TKA). Cold compression reduced blood loss by 32% and pain medication intake by 24%. It improved ROM and reduced hospital stay by 21%. Therefore, purchase of a cold-therapy unit would not be consistent with a postoperative 7 day trial. A 7-day rental would be consistent with the guidelines. Therefore, purchase of a cold-therapy unit should not be considered medically necessary.