

<b>Case Number:</b>	CM15-0034154		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	11/14/2012
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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 46 year old male, who sustained a work related injury on 11/14/12. He was working on a rolling machine when his right arm was caught. He sustained a degloving injury. The diagnoses have included fracture of right 3rd and 4th fingers, pain in hand joint, edema and depression. Treatments to date have included percutaneous pinning of right 4th finger, open reduction, internal fixation of right 3rd finger, closed reduction and percutaneous pinning of right distal radius, oral medications, home exercise program and H-wave therapy. In the PR-2 dated 1/26/15, the injured worker complains of right hand pain. He has mild edema in right hand. He is unable to make complete fist with right hand. On 1/27/15, Utilization Review non-certified a request for game ready unit rental with wrap for 21 days. The California MTUS, Chronic Pain Treatment Guidelines, ACOEM Guidelines and ODG were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Game Ready unit rental with wrap for 21 days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (acute & chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck and Upper Back Chapter, continuous-flow cryotherapy.

**Decision rationale:** The patient presents with right shoulder pain. The request is for Game Ready Unit Rental with wrap for 21 days. Patient is status post two right shoulder surgeries, 12/09/13 and 01/17/15. Per 01/26/15 progress report, patient's diagnosis include developing injury of arm, HTN (Hypertension), Pain in joint, shoulder region, pain in joint, hand, edema, fracture of fourth finger, proximal phalanx, right, open, fracture third finger, middle phalanx, right, closed, and urinary hesitancy. Per 10/06/14 progress report, patient's medications include Senokot, Pantoprazole, Amlodipine, Alprazolam, Hydrocodone, Colace, Hydrodiuril, Avapro, Oxycodone, Toprol XL, and Vitamin D3. Patient is permanent and stationary. MTUS does not discuss cold compression therapy. ODG guideline neck and upper back chapter states that continuous-flow cryotherapy is recommended as an option after shoulder surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days. Provider does not provide a reason for the request. In this case, the patient is status post right shoulder surgery 01/07/15. In review of the medical records provided, there is no evidence of a prior use of a Game Ready Unit. ODG guidelines support continuous-flow cryotherapy as an option after shoulder surgery. Given the patient's status post condition, continuous-flow cryotherapy would be indicated. However, the request is for 21 days. ODG allows post-operative use for up to 7 days. The request is not medically necessary.