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| Case Number: | CM15-0055322 | | |
| Date Assigned: | 03/30/2015 | Date of Injury: | 06/09/2014 |
| Decision Date: | 08/18/2015 | UR Denial Date: | 03/05/2015 |
| Priority: | Standard | Application Received: | 03/23/2015 |

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 33 year old female who sustained an industrial injury on 6-9-14. The mechanism of injury being her left hand was caught in a conveyor belt. The impression is left upper extremity chronic regional pain syndrome. In an agreed medical evaluation dated 1-23-15, the physician notes she has swelling of her left hand and fingers and spasms in the left arm, right hand and arm, chest and both legs. In addition, she continues to have pain and swelling in her neck and entire back. An MRI of the left shoulder was done and she was told she had a tear. She has difficulty with self care and household chores and writing. Prior treatment noted includes limited physical therapy and electrical stimulation. Medications are Cyclobenzaprine, Hydrocodone, Naproxen, Gabapentin, and Zolpidem. She is not currently working. The requested treatment is durable medical equipment; Hot-Cold Unit, left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Hot/Cold Unit of the left hand: 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), Cold compression therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand chapter and pg 17 Knee chapter and pg 17.

Decision rationale: According to the guidelines, cold therapy is indicated after injury and hot pack thereafter. Continuous cryotherapy or heat cold units are indicated post-operative for up to 7 days after surgery. There was no mention of surgery. Length of use was not specified. The request for the hot-cold unit is not medically necessary.