MAXIMUS Federal Services

Case Number:	CM15-0084277		
Date Assigned:	05/06/2015	Date of Injury:	09/25/2013
Decision Date:	06/04/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/01/2015

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: North Carolina
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 48 year old male who sustained an industrial injury on 09/25/13. Initial complaints and diagnoses are not available. Treatments to date include medications, wrist braces, TENS unit, a wrist injection, and physical therapy. Diagnostic studies include a MRI. Current complaints include wrist pain. Current diagnoses include wrist joint inflammation with triangular fibrocartilage complex (TFCC) ligament tear. In a progress note dated 04/01/15 the treating provider reports the plan of care as left wrist arthroscopy with possible TFCC repair, and medications including naproxen, and Protonix. The requested treatments are a polar care and preoperative surgical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Polar care x 21 day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, cryotherapy.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ACOEM does recommend the at home local application of cold packs the first few days after injury and thereafter the application of heat packs. The Official Disability Guidelines section on cryotherapy states: Recommended as an option after surgery but not for nonsurgical treatment. The request is for post-surgical use however, the time limit for request is 21 days. Per the ODG, cold therapy is only recommended for 7 days post operatively. Therefore, the request cannot be certified.

Pre-op clearance, chest x-ray: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, preoperative clearance.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states preoperative clearance is done before surgeries to help stratify risk of the patient for the surgery, direct anesthetic choices and guide postoperative and intraoperative management. The patient has been certified for surgery and therefore preoperative clearance is medically warranted and the request is certified