

Case Number:	CM14-0129079		
Date Assigned:	08/18/2014	Date of Injury:	05/23/2014
Decision Date:	10/29/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/13/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 35-year-old female who has submitted a claim for blister, epidermal loss of upper limb, disturbance of skin sensation, right wrist sprain and right hand sprain associated with an industrial injury date of May 23, 2014. Medical records from 2014 were reviewed, which showed that the patient complained of burnt right forearm. There was occasional numbness of the right hand and fingers. The pain was rated 7-8/10. Physical examination of the right forearm showed visible redness of the skin and second-degree burn on the medial forearm. There was 2 inches by 4 inches oval skin burn lesion, hypoesthesia to medial forearm to the right hand and fingers, tenderness to the right thumb with end range of motion pain and tenderness to the right palmar wrist region with end range of motion pain. Treatment to date has included chiropractic therapy, interferential unit, motorized cold therapy, topical compound creams and medications. Utilization review from August denied the request for Cold therapy unit Interspec IF II monthly supplies because the guidelines do not support its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy Unit (with monthly supplies): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Burns, Cooling (with ice or cold water)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Burns, Cooling (with ice or cold water)

Decision rationale: CA MTUS does not specifically address cold therapy units. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation the Official Disability Guidelines (ODG) was used instead. According to the ODG, cooling with ice or cold water is a treatment under study. Local cooling with ice or cold water is a common method used to treat burn injuries and cooling may reduce the severity of tissue injury and promote wound healing, although cooling has not been found to attenuate inflammatory or hyperalgesic responses compared with a placebo-treated control burn. In this case, cold therapy unit is being requested as treatment for the patient's burnt right forearm. However, a careful literature search did not show guidelines to support the use of cold therapy unit on burns. The most relevant section was on cooling with ice or cold water mentioned above. There is no discussion as to why cold water cannot suffice for this case. Moreover, the current request did not specify the following: 1) if the unit is for rental or purchase, 2) how long the unit will be used, and 3) what and how much supplies are needed monthly. Therefore, the request for cold therapy with monthly supplies is not medically necessary.

Interspec Interferential (IF) Unit (with monthly supplies): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Pain, Interferential Current Stimulation

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-120.

Decision rationale: As stated on pages 118-120 of the California MTUS Chronic Pain Medical Treatment Guidelines, interferential current stimulation (ICS) is not recommended as an isolated intervention but is an adjunct for recommended treatments including return to work, exercise, and medications. A one-month trial should be done given that the patient's pain is ineffectively controlled by medications, or unresponsive to conservative measures. In this case, patient complained of burnt right forearm. There was occasional numbness of the right hand and fingers. However, there was no evidence that interferential therapy will be used in conjunction to an active exercise program; ICS is not recommended as a solitary treatment modality. Moreover, the current request did not specify the following: 1) if the unit is for rental or purchase, 2) how long the unit will be used, and 3) what and how much supplies are needed monthly. Therefore, the request for Interspec Interferential (IF) Unit (with monthly supplies) is not medically necessary.