

Case Number:	CM14-0132357		
Date Assigned:	08/22/2014	Date of Injury:	10/16/2013
Decision Date:	10/10/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/19/2014

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 Internal Medicine, and is licensed to practice in California. 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 injured worker is a 49 year old female whose date of injury is 10/16/2013. The injured worker felt her right wrist snap while taping boxes. Diagnoses are sprain shoulder/arm, rotator cuff syndrome, enthesopathy of wrist and primary osteoarthritis hand. Note dated 03/21/14 indicates that the injured worker completed physical therapy with mild improvement. She is able to work 5 hours a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit and pad: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter, Cold packs

Decision rationale: Based on the clinical information provided, the request for cold therapy unit and pad is not recommended as medically necessary. The submitted clinical records indicate that the injured worker complains of wrist pain. There is no current, detailed physical examination submitted for review. There is no clear rationale provided to support the requested unit and pad.

The Official Disability Guidelines do not support the utilization of a cold therapy unit for treatment of the forearm, wrist and hand. The Official Disability Guidelines would support the at home application of cold packs in the first few days of acute complaint.