

Case Number:	CM14-0086209		
Date Assigned:	07/23/2014	Date of Injury:	09/01/2006
Decision Date:	09/25/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/09/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 53-year-old female was reportedly injured on September 1, 2006. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 10, 2014, indicates there are ongoing complaints of left wrist pain. The physical examination demonstrated a surgical site that was healing without signs of infection. Swelling was present in the wound was sensitive to light touch. There was decreased right sided strength and range of motion. Diagnostic imaging studies of the left wrist showed slight joint space widening of the inter-carpal joint. Previous treatment includes left wrist arthroscopic surgery. A request had been made for Vacuotherm, cold compression for 21 days and was not certified in the pre-authorization process on May 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vacuotherm cold compression x21 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
[//:www.aetna.com/cpb/medical/data/200_299/0297.html](http://www.aetna.com/cpb/medical/data/200_299/0297.html).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Continuous Flow Cryotherapy, Updated August 27, 2014.

Decision rationale: The Official Disability Guidelines recommends cold cryotherapy for seven days in the postoperative setting to help reduce swelling, pain, and the need for narcotic medications. However, as this request is for 21 days. Therefore, this request for a Vacuumtherm cold compression device for 21 days is not medically necessary.