

Case Number:	CM14-0091800		
Date Assigned:	07/25/2014	Date of Injury:	11/21/2012
Decision Date:	09/18/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/17/2014

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 Orthopedic Surgery 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:

This is a 34-year-old female who injured her bilateral shoulders, elbows, and wrists in a work-related accident on 11/21/12. The clinical records provided for review include a recent utilization review documenting approval for a right wrist ganglion cyst excision on 06/05/14. This request is for the purchase of a cryotherapy device for the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Polar ice machine, right wrist: 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), chapter: forearm, wrist and hand, Cold packs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: carpal tunnel procedure - Continuous cold therapy (CCT).

Decision rationale: Based on California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for purchase of a Polar Care cryotherapy device would not be indicated. ACOEM Guidelines support the use of cold packs for pain management. According

to the Official Disability Guidelines, cryotherapy devices are generally recommended for no more than seven days including home use. Given the fact that the request is for purchase of the Polar Care unit in the post-operative period, the request is not medically necessary.