

Case Number:	CM14-0191050		
Date Assigned:	11/19/2014	Date of Injury:	10/30/2012
Decision Date:	01/08/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/17/2014

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 case involves a 47-year-old male injured worker who sustained an injury on October 30, 2012 to his right hand and right upper extremity. He continues to have pain in the right hand and has problems with his right index finger. On physical examination wrist range of motion is normal and there is no evidence of carpal tunnel syndrome. Examination of the hand reveals abnormalities the right index finger with limited mobility. The patient underwent right index finger neuroma excision. At issue is whether cold therapy is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Post-op cold/compression unit (Aircast/Cryo/Cuff): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Orthopedic Surgeons, Orthopedic Knowledge Update, Hand, 2013, Rosemont Illinois

Decision rationale: Guidelines do not support the use of cold therapy after finger surgery operations. This patient has had surgery of the hand and there is no peer review literature that

demonstrates an improved outcome after cold therapy with hand surgery procedures. Therefore, this request is not medically necessary.