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| <b>Case Number:</b>   | CM14-0212647 |                              |            |
| <b>Date Assigned:</b> | 12/30/2014   | <b>Date of Injury:</b>       | 07/18/2010 |
| <b>Decision Date:</b> | 03/03/2015   | <b>UR Denial Date:</b>       | 12/15/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/18/2014 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

53 year old male claimant with an industrial injury dated 07/18/10. The patient is status post a closed reduction and percutaneous pinning, and ulnar collateral ligament repair. Exam note 10/30/14 states the patient returns with right thumb pain. The patient explains having difficulty with gripping, squeezing, and pinching. Upon physical exam there was evidence of tenderness at the bas of the right thumb specifically at the trapeziometacarpel joint. Diagnosis is noted as ulnar collateral ligament tear of the right thumb metacarpophalangeal joint, post traumatic arthritis, right thumb carpometacarpal joint. Treatment includes a right thumb arthrodesis of trapeziometaparpal joint, and a continuation of medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: game ready (days) #14:** 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 Official Disability Guidelines (ODG) Forearm, Wrist and Hand, Cryotherapy.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of cryotherapy for the hand. According to ODG, Forearm, Wrist and Hand, cryotherapy is not recommended. Cold packs are recommended for at home application during first few days and thereafter application of heat. As the guidelines do not recommend cryotherapy for the hand, the determination is for non-certification.