MAXIMUS Federal Services

Case Number:	CM15-0100400		
Date Assigned:	06/02/2015	Date of Injury:	04/08/2011
Decision Date:	06/30/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/26/2015

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, Indiana, Oregon
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:

The injured worker (IW) is a 55-year-old male who sustained an industrial injury on 04/08/2011. Diagnoses include shoulder strain with no clear-cut impingement (left); left lateral epicondylitis post elbow dislocation; wrist joint inflammation; and numbness and tingling in the hand. Treatment to date has included medications, elbow injection, bracing, hot/cold wrap, TENS unit and self-directed exercise. According to the progress notes dated 4/15/15, the IW reported frequent pain along the left elbow, worse with activity; numbness and tingling of the left hand and occasionally dropping things. MRI of the wrist showed DISI instability with a tear along the membranous portion of the scapholunate ligament, some cartilage wear along the proximal margin of the lunate and complete tear of the radial attachment of the TFCC ligament and CMC joint wear. MRI of the elbow revealed the presence of loose bodies, cartilage wear and tendinopathy. On examination, Tinel's sign was positive at the left wrist and the left elbow. Tenderness was present along the left lateral epicondyle and the palmar ulnocarpal joint. A request was made for one hot/cold wrap due to the old one being "worn out".

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot/Cold Wrap: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

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MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) elbow.

Decision rationale: CA MTUS/ACOEM is silent on the issue of hot/cold therapy. ODG elbow states that hot or cold packs applied by the patient at home is recommended. Hot and cold packs are self care and there is not documentation in the records of why simple self care in this case is insufficient. Based on this the request is not medically necessary.