

<b>Case Number:</b>	CM15-0103927		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	04/09/2014
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 is a 60 year old female, who sustained an industrial injury on 04/09/2014. She has reported injury to the left wrist. The diagnoses have included left wrist pain; left wrist contusion; triangular fibrocartilage complex tear, left wrist; and status post left wrist arthroscopy, intra-articular shaving, and debridement of triangle fibrocartilage, on 02/20/2015. Treatment to date has included medications, diagnostics, arm sling, and surgical intervention. Medications have included Percocet, Vistaril, and Celebrex. A progress note from the treating physician, dated 02/26/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain and stiffness in the left wrist, six days post-operative. Objective findings included persistent tenderness and some stiffness over the left wrist; neuro-vascular assessment intact; and sutures are out. The treatment plan has included pain medication, physical therapy, and follow-up evaluation. Retrospective request is being made for post-operative cold therapy unit, 23 days rental.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective post operative cold therapy unit, 23 days rental:** 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 x Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Chapter, Continuous-flow cryotherapy.

**Decision rationale:** Regarding the request for cold therapy unit, California MTUS does not address the issue. ODG supports the use of continuous-flow cryotherapy for up to 7 days after surgery. Within the documentation available for review, it is noted that the patient underwent surgery to the wrist and cold therapy was utilized for 23 days. While up to 7 days was appropriate, 23 days exceeds the recommendations of the guidelines and, unfortunately, there is no provision for modification of the current request to allow for the supported number of days. In light of the above issues, the currently requested cold therapy unit is not medically necessary.