

<b>Case Number:</b>	CM15-0018052		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	11/14/2013
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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: Illinois, California, Texas  
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 is a 52 year old female, who sustained an industrial injury on 11/14/13. She was diagnosed with advanced carpometacarpal arthritis of the left thumb, with complaints of severe pain at the base of the left thumb. Conservative treatment had included medications, bracing, modified duty, physical therapy, and injections. X-rays of the left hand and wrist showed severe advanced arthritis of the left thumb carpometacarpal joint. She underwent arthrotomy of the left thumb with carpometacarpal joint with soft tissue interposition arthroplasty on 1/27/15. The treating physician is requesting purchase of a post-operative cold therapy unit and rental of an inferential unit times one month, which is now under review. On 12/29/2014, Utilization Review had non-certified a request for post-operative cold therapy unit and rental of an inferential unit times one month. California MTUS and Non-MTUS Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of a post-operative cold therapy unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue cross/Blue Shield Medical Policy

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264. Decision based on Non-MTUS Citation Forearm, Wrist & Hand: Cold packs

**Decision rationale:** The California MTUS are silent regarding cold therapy devices, but recommend at home applications of cold packs. The Official Disability Guidelines recommend at-home local applications of cold packs for first few days of acute hand complaints. There is insufficient evidence to support the efficacy of a cold therapy unit over standard cold packs. Therefore, this request is not medically necessary.

**Rental of an IF unit, one month:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

**Decision rationale:** The California MTUS guidelines do not recommend interferential current (IFC) stimulation as an isolated intervention. Guidelines indicate that an IFC trial may be indicated for post-operative conditions if there is significant pain that limits the ability to perform exercise programs/physical therapy treatment. Guideline criteria have not been met. There is no indication that the patient was unable to perform post-op physical therapy exercise or treatment, or that post-operative pain management was ineffective. Therefore, this request is not medically necessary.