

Case Number:	CM15-0129843		
Date Assigned:	07/16/2015	Date of Injury:	10/24/2013
Decision Date:	08/13/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/06/2015

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: Maryland, Virginia, North Carolina
Certification(s)/Specialty: Plastic 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 61 year old male who sustained an industrial injury on 10/24/13 from a slip and fall where he fell onto his right side and injured his right wrist. He currently has a lot of right wrist pain. Medications were Paxil, Atorlip-F, olmesartan. Diagnoses include headache; pain in right joint/ hand, right 1st carpometacarpal arthritis, scapholunate advanced collapse wrist; backache; pain in joint forearm. Treatments to date include splints; medications; physical therapy which was not helpful; cortisone injections; home exercise program. Diagnostics include x-rays of the right wrist (6/2/14) showing scapholunate advanced collapse wrist with radioscapoid arthritis and moderate carpometacarpal arthritis; computed tomography of the right wrist (5/13/15) showing degenerative changes, questionable osteonecrosis, scapholunate advanced collapse; computed tomography of the right wrist (4/22/15) showing focal area of synovitis. On 5/18/15 the treating provider requested cold therapy postoperatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Cold therapy (in days) QTY: 7: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: The patient is a 61 year old male who was certified for right wrist surgery and had requested cold therapy for postoperative use for 7 days. ACOEM does not specifically address continuous cold therapy versus traditional ice packs. However, from ODG, this is addressed as follows: Continuous-flow cryotherapy: Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. The available scientific literature is insufficient to document that the use of continuous-flow cooling systems (versus ice packs) is associated with a benefit beyond convenience and patient compliance (but these may be worthwhile benefits) in the outpatient setting. his meta-analysis showed that cryotherapy has a statistically significant benefit in postoperative pain control, while no improvement in postoperative range of motion or drainage was found. As the cryotherapy apparatus is fairly inexpensive, easy to use, has a high level of patient satisfaction, and is rarely associated with adverse events, we believe that cryotherapy is justified in the postoperative management of knee surgery. There is limited information to support active vs passive cryo units. Aetna considers passive hot and cold therapy medically necessary. Mechanical circulating units with pumps have not been proven to be more effective than passive hot and cold therapy. This study concluded that continuous cold therapy devices, compared to simple icing, resulted in much better nighttime pain control and improved quality of life in the early period following routine knee arthroscopy. Two additional RCTs provide support for use after total knee arthroplasty (TKA). Cold compression reduced blood loss by 32% and pain medication intake by 24%. It improved ROM and reduced hospital stay by 21%. Therefore, in the postoperative setting cold therapy is recommended for 7 days or less which is consistent with the request. This may be superior to ice packs. Therefore, cold therapy for 7 days should be considered medically necessary. ODG provided more specific guidelines than ACOEM, which helps to satisfy the concern by the UR.