

<b>Case Number:</b>	CM15-0172249		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	02/03/2015
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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:

This is a 40-year-old female worker who was injured on 2-3-2015. The medical records reviewed indicated the injured worker (IW) was treated for hand arthralgia; swelling limb; and trigger finger. The progress notes (7-27-15) indicated the IW had pain in the right thumb radiating into the right hand and wrist with associated numbness, tingling, weakness and cramping in the right hand. Repetitive gripping and grasping aggravated the pain. She had difficulty with some aspects of her self-care, with writing, gripping, sensation, driving, manipulating small objects and lifting due to her symptoms. The IW was placed on modified work duties. On physical examination, (5-20-15 and 7-27-15) grip strength was 20, 22 and 24 kg bilaterally. Range of motion of the right thumb was 0 to 30 degrees. There was increased triggering of the thumb. Treatments have included Ibuprofen, Diclofenac and Tramadol; thumb splint, modified activity, and a cortisone injection to the right thumb, which was temporarily beneficial. Trigger thumb release surgery, physical therapy and cold flow was recommended. A Request for Authorization dated 7-31-15 was received for postoperative physical therapy three times a week for four weeks (12 sessions) for the right thumb and a cold flow unit (purchase or rental). The Utilization Review on 8-4-15 modified the request for postoperative physical therapy three times a week for four weeks (12 sessions) for the right thumb to allow five sessions of PT per CA MTUS Post-Surgical Guidelines and a cold flow unit (purchase or rental) was non-certified, as the ODG guidelines were not met.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post operative Physical Therapy, Right Thumb, 3 times wkly for 4 wks, 12 sessions:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

**Decision rationale:** The patient is a 40-year-old female who was certified for right trigger finger release and as such post-operative physical therapy should be medically necessary based on the following guidelines: Trigger finger (ICD9 727.03): Postsurgical treatment: 9 visits over 8 weeks Postsurgical physical medicine treatment period: 4 months. Therefore, the request for 12 sessions exceeds the maximum number allowable and should not be considered medically necessary.

**Associated Surgical Services: Cold flow unit (purchase/rental):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist & Hand - Cold packs.

**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 40-year-old female who was certified for trigger finger release of the right thumb. Cold flow unit was requested. Whether this was for purchase or rental was not specified as well as the time course of treatment. Therefore, this should not be considered medically necessary based on the following guidelines from ODG: 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 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 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%.