

Case Number:	CM15-0036771		
Date Assigned:	03/05/2015	Date of Injury:	02/28/2014
Decision Date:	05/29/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/26/2015

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: Minnesota, Florida
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 60 year old female, who sustained an industrial injury on 02/28/2014. The injured worker is currently diagnosed as having advanced right carpometacarpal joint osteoarthritis. Treatment and diagnostics to date has included right hand x-rays, physical therapy, injections, bracing, rest, and medications. In a progress note dated 01/14/2015, the injured worker presented with complaints of severe pain in her right wrist. A surgical request for Arthrotomy right wrist, 1st CMC joint, with interposition arthroplasty with palmaris longus and extensor tendon tenosynovectomy has been certified by utilization review. Assistant surgeon request was noncertified. The treating physician requested requesting authorization for the purchase of a cold therapy unit which was also non-certified. This is now appealed to an independent medical review along with the request for an assistant surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy Unit, purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Cryotherapies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Carpal Tunnel Syndrome, Topic; continuous cold therapy.

Decision rationale: ODG guidelines recommend continuous cold therapy as an option in the postoperative setting with regular assessment to avoid frostbite. Postoperative use generally should be no more than 7 days. The request as stated is for a cold therapy unit purchase which is not supported by guidelines. As such, the medical necessity of the request has not been substantiated.