

Case Number:	CM15-0094053		
Date Assigned:	05/20/2015	Date of Injury:	11/09/2010
Decision Date:	06/22/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/15/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 38 year old male, who sustained an industrial injury on 11/09/2010. The medical records submitted for this review did not include the details regarding the initial injury. He underwent left wrist reconstruction and pinning and pin removal. Treatments to date include medication therapy and physical therapy. On 4/13/15, he underwent surgical repair and pinning for a complete tear and avulsion of the triangle fibrocartilage from the fovea of the ulna. Currently, he complained of pain in the left arm. On 4/28/15, the physical examination documented pin traction and arthroscopic portal well healed. The treating diagnoses included two-week status post wrist surgery. The appeal request was for a cold compression unit for thirty-day rental for post-operative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Cold Compression unit x 30-day rental & wrap: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation "Superficial heat or cold for low back pain." French SD, Cameron M, Walker BF, Reggars JW, Esterman AJ and on the

Non-MTUS Official Disability Guidelines (ODG), Cold/Hot Packs; Shoulder, Continuous-flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, cryotherapy.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ACOEM does recommend the at home local application of cold packs the first few days after injury and thereafter the application of heat packs. The Official Disability Guidelines section on cryotherapy states: Recommended as an option after surgery but not for nonsurgical treatment. The request is for post-surgical use; however, the time limit for request is not defined. Per the ODG, cold therapy is only recommended for 7 days post operatively. Without the request specifying the amount of time the unit will be used post operatively, the request is not medically necessary and cannot be certified.