

Case Number:	CM15-0099106		
Date Assigned:	06/01/2015	Date of Injury:	06/13/2014
Decision Date:	06/29/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/22/2015

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: California, Indiana, Oregon 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 50-year-old female, who sustained an industrial injury on 6/13/2014. She reported she jammed her right wrist in a metal filing cabinet with immediate pain and swelling of the right ulnar region. Diagnoses include bilateral pisiform pain/TFCC tear. She did have a history of left elbow fracture with ORIF in 2004. Treatments to date include activity modification, compression wrap and wrist brace, therapeutic injections, occupational therapy and acupuncture. Currently, she complained of ongoing right wrist pain and intermittent swelling and no relief from conservative treatments. On 4/1/15, the physical examination documented positive tenderness with palpation. On 4/29/15, the provider documented a request for wrist arthroscopy, possible TFCC repair, and possible pisiform excision. The appeal request was for a post-operative cold unit; seven (7) day rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op cold unit x 7 day 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) forearm, wrist and hand.

Decision rationale: CA MTUS/ACOEM is silent on the issue of cryotherapy for the hand. According to ODG, Forearm, Wrist and Hand, cryotherapy is not recommended. Cold packs are recommended for at home application during first few days and thereafter application of heat. As the guidelines do not recommend cryotherapy for the hand, the determination is not medically necessary.