

Case Number:	CM14-0140721		
Date Assigned:	09/10/2014	Date of Injury:	04/17/2014
Decision Date:	10/16/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Occupational and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 45 year-old male who sustained a cut to his thumb in a machine on April 17, 2014 during the course of his employment while performing his customary duties as a foreman. He presented to the treating physician on the same day with active bleeding of the left thumb with associated moderately severe pain. On examination, the contaminated wound was located at the left thumb with irregular shape and length of seven centimeter. An x-ray exam revealed fracture of the interphalangeal joint. Cefazolin and Tdap were administered. Acetaminophen, Cefprozil, tramadol, and bacitracin zinc ointment were prescribed. The injured worker was returned from April 21, 2014 to June 2, 2014 with improved condition. He had also completed six sessions of physical therapy. The injured worker had minimal complaint and reported feeling better and was able to move his finger better. An examination of the wound showed healing as expected with mild tenderness and slight swelling of the interphalangeal joint. He was then released from care and was instructed to return to full duty with no limitations or restrictions. The injured worker was seen by another treating physician on June 17, 2014 for initial medical evaluation with complaints of intermittent pain in his shoulders that radiated to his entire arm with numbness and tingling sensation, as well as pain in his left hand and thumb with severe numbness and tingling sensation with pain level of 4/10. An examination of his shoulders revealed tenderness over the glenohumeral and acromioclavicular joints as well as positive Impingement and Apprehension signs and Empty Can's test. An examination of his elbows demonstrated tender bilateral medial and lateral epicondyles. An examination of his wrists and hands showed well-healed laceration scars in the medial and lateral aspect of the proximal interphalangeal joint of his left thumb, tenderness over the left wrist joint, and decreased range of motion of the proximal interphalangeal joint of his left thumb. The injured worker was

reevaluated by the treating physician on July 29, 2014 with same complaints but noted moderate pain intensity. There was also no change in his physical examination findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot and Cold Unit, Purchase with Pad/Wrap, Set up and delivery: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Continuous-flow cryotherapy and Forearm, Wrist, & Hand, Cold Packs

Decision rationale: There is insufficient evidence to support the beneficial use of high tech devices over traditional application of ice and heat packs other than convenience. Moreover, use of power-regulated temperatures is not considered integral part of conservative management. According to the Official Disability Guidelines, continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Therefore, the requested service is not medically necessary.