

Case Number:	CM13-0046323		
Date Assigned:	12/27/2013	Date of Injury:	01/11/2013
Decision Date:	03/24/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, wrist pain, cervical radiculopathy, and carpal tunnel syndrome reportedly associated with an industrial injury of January 11, 2013. Thus far, the applicant has been treated with the following: Analgesic medications, electrodiagnostic testing of September 12, 2013, notable for severe right-sided carpal tunnel syndrome and moderate left-sided carpal tunnel syndrome; attorney representation; prior left carpal tunnel release on April 25, 2013; and extensive periods of time off of work. In a Utilization Review Report of October 16, 2013, the claims administrator denied a request for a heating pad and denied a request for an interferential current stimulator. An earlier note of September 3, 2013 is notable for comments that the applicant reports multifocal neck, shoulder, and wrist pain with associated anxiety, depression, and insomnia. Bilateral upper extremity strength scored at 4/5 is noted with dysesthesias noted. The applicant is again placed off of work, on total temporary disability, while physical therapy, medications, heating pad, and an interferential stimulator are sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 heating pad for the bilateral wrists (purchase) between 10/14/2013 and 11/28/2013:

Overtured

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 174, 264,299.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapters 8, 11, and 12, at-home local applications of heat and cold are "recommended" as part and parcel of self-care. The heating pad being sought by the attending provider does seemingly represent a low-tech, at-home application of heat and cold. This is indicated as an at-home palliative method, per ACOEM. Therefore, the request is certified.

for 1 heating pad for the bilateral wrists (purchase) between 10/14/2013 and 11/28/2013:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120.

Decision rationale: As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, interferential stimulation is recommended on a one-month trial basis in those applicants in whom pain is ineffectively controlled due to diminished effectiveness in medications, pain is ineffectively controlled with medications due to side effects, history of substance abuse that would make provision of medications unwise, and/or evidence that an applicant is unresponsive to conservative measures such as repositioning, heat, ice, etc. In this case, however, there is no evidence that these criteria have been met. A heating pad has been certified above, in question #1. There is no evidence that multiple classes of oral pharmaceuticals have been tried and/or failed. For all of the stated reasons, then, the request remains non-certified, on Independent Medical Review.