

Case Number:	CM13-0048215		
Date Assigned:	12/27/2013	Date of Injury:	07/15/2011
Decision Date:	04/25/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/04/2013

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 Orthopedic Surgery, and is licensed to practice in Georgia and Texas. 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 patient is a 27-year-old who reported an injury on July 15, 2011. The mechanism of injury was a continuous trauma injury. The diagnosis is left wrist pain and ganglion cyst. The documentation of September 4, 2013 revealed there was request for a [REDACTED] Heating System. It was noted to be a portable heating pad to use daily as needed. The request of August 28, 2013, indicated that the physician prescribed the [REDACTED] Heating System to empower his patient to become independent and help them take a role in the management of their symptoms. The office note was handwritten and difficult to read.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE [REDACTED] HEATING SYSTEM FOR THE LEFT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264.

Decision rationale: The Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines indicate that at-home local applications of cold packs are appropriate for the first few days in acute complaint and thereafter, applications of heat packs. The clinical documentation

submitted for review failed to indicate the necessity for a system versus the application of at-home heat packs. There was lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request for purchase of a [REDACTED] Heating System for the left wrist is not medically necessary or appropriate.