

<b>Case Number:</b>	CM13-0051172		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/16/2012
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 Physical Medicine & Rehabilitation 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 patient is a 59-year-old female who reported a work-related injury on 03/16/2012 as a result of repetitive motion to the left thumb. Subsequently, the patient presents for treatment of the following diagnosis, bilateral carpal tunnel syndrome. The clinical note dated 10/10/2013 reports the patient was seen under the care of [REDACTED]. The clinical note is difficult to interpret due to illegible penmanship and poor photocopy quality. The clinical note did note that the patient has bilateral hand discomfort and utilizes splints to the wrists at night. The provider documented the patient was to return in 4 weeks for a maximum medical improvement exam.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**purchase of a Solar Care infrared heating pad:** 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, Carpal Tunnel Syndrome.

**Decision rationale:** The current request is not supported. Official Disability Guidelines recommend at-home local applications of cold packs within the first few days of acute complaints, thereafter applications of heat therapy. Given the lack of documentation submitted

for review evidencing the patient's current clinical picture, as noted by thorough physical exam of the patient's bilateral upper extremities in addition to a lack of medical evidence based guidelines noting clear objective evidence for this requested modality for bilateral carpal tunnel syndrome, the request for purchase of a solar care infrared heating pad is not medically necessary or appropriate.