

Case Number:	CM14-0016125		
Date Assigned:	06/04/2014	Date of Injury:	09/07/2013
Decision Date:	08/07/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/07/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 25 -year-old female who reported an injury on 09/07/2013. The mechanism of injury was a heavy water jug. The prior treatments included splinting, NSAIDS, injections, surgery, and physical therapy. Her diagnosis was noted to be right vulgar wrist ganglion. The injured worker had a clinical evaluation on 01/13/2014. It was noted that she had an occult right vulgar wrist ganglion excised in December. The injured worker indicated there was pain to the wrist area, no numbness in the fingers, however, numbness was at the vulgar wrist as well as the palm. The objective findings included assessment of the incision to the vulgar right wrist. There was no edema or signs of infection, tenderness, ecchymosis to the palm and to the distal forearm. Sensibility was intact with a weak fist, but good capillary refill. Wrist motion was limited by pain. The treatment plan was a refill of Norco for pain control and a request for physical therapy to the right hand and wrist. The provider's rationale for the requested heat pad was not provided with the documentation. A request for authorization for medical treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE PURCHASE - WATER CIRCULATING HEAT PAD W/PUMP FOR DOS 12/18/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and hand/shoulder- Cold, Heat therapy/Cryotherapy: Splint.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

Decision rationale: The request for retrospective purchase of a water circulating heat pad with pump for date of service 12/18/2013 is not medically necessary. The California MTUS/American College of Occupational and Environmental Medicine state physical modalities such as massage, diathermy, cutaneous laser treatment, cold laser treatment, transcutaneous electrical neurostimulation units, and biofeedback have no scientifically proven efficacy in treating acute hand, wrist, or forearm symptoms. Limited studies suggest there are satisfying short to medium term effects due to ultrasound treatment in patients with mild to moderate idiopathic carpal tunnel syndrome, but the effect is not curative. For patients at home, applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. The clinical evaluation presented for review does not indicate any exercises requiring the heat application. The clinical evaluation does not indicate the heat as a treatment within the treatment plan. The request for the retrospective purchase of a water circulating heat pad with pump for date of service 12/18/2013 does not indicate a use frequency or application site. Therefore, the request for retrospective purchase water circulating heat pad with pump for date of service 12/18/2013 is not medically necessary.