

Case Number:	CM14-0088295		
Date Assigned:	07/25/2014	Date of Injury:	09/11/2013
Decision Date:	09/08/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/09/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 53-year-old male who was reportedly injured on September 11, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated April 21, 2014, indicates that there are ongoing complaints of left wrist/hand pain and swelling with numbness and tingling as well as left elbow pain with numbness and tingling. The physical examination demonstrated a large ganglion cyst over the dorsal aspect of the left wrist there was a positive Phalen's test and Durkins test. Neurological examination indicated decreased sensation over the left median nerve distribution. Diagnostic imaging studies of the left wrist indicated the cystic structure at the dorsal aspect consistent with a ganglion cyst formation as well as a large metallic artifact the middle and distal phalanx of the fifth finger. Nerve conduction studies indicated carpal tunnel syndrome of both wrists. Previous treatment is unknown. A request was made for a hot/cold Water circulating unit with pump for the left wrist and was not certified in the pre-authorization process on May 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: E0217 Hot and Cold Water Circulating Unit with Pump for the Left Wrist (DOS: 04/21/14): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), carpal tunnel syndrome, heat therapy, updated February 20, 2014.

Decision rationale: As the injured employee has several diagnoses, it is unclear from the medical records provided with pathology is intended to be treated with a hot/cold water circulating unit. However the official disability guidelines only recommends cold therapy for the first few days after an acute complaint and heat therapy thereafter. Considering this, the request for a hot/cold water circulating unit with pump for the left wrist is not medically necessary.