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| Case Number: | CM14-0089750 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 04/27/2011 |
| Decision Date: | 09/30/2014 | UR Denial Date: | 06/05/2014 |
| Priority: | Standard | Application Received: | 06/13/2014 |

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 Illinois. 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 59 year old male who reported an injury on 04/27/2011 while pulling a cart. The injured worker was diagnosed with carpal tunnel syndrome. The injured worker was treated with medications, acupuncture, and a steroid injection. The injured worker had an official NCS/EMG on 11/14/2013. The injured worker complained of pain at the neck, shoulders, lower back, knees, and feet associated with numbness and weakness at the fingers and legs. The NCS/EMG report dated 11/14/2013 noted the injured worker had painful range of motion at the cervical spine, lumbar spine, and right knee. He had a positive Tinel's sign bilaterally and had difficulty squatting was noted on NCS/EMG dated 11/14/2013. The clinical note dated 03/31/2014 was handwritten and largely illegible. The physician noted the injured worker reported numbness, tingling, and weakness to the bilateral hands. The injured worker had a positive Tinel's and a positive Phalen's. The injured worker was prescribed a steroid patch and NSAID per the clinical note dated 03/31/2014. The treatment plan was for the purchase of a Water Circulating Heat Pad with Pump. The rationale for the request was not indicated in the medical records. The request for authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for purchase of water circulating heat pad with pump: 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), Continuous-flow Cryotherapy.

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.

Decision rationale: The Retrospective request for purchase of water circulating heat pad with pump is not medically necessary. The injured worker is diagnosed with carpal tunnel syndrome. The injured worker complained of pain at the neck, shoulders, lower back, knees, and feet associated with numbness and weakness at the fingers and legs. The Official Disability Guidelines recommend at-home local applications of cold packs for the first few days of acute complaints; thereafter, applications of heat therapy. The injured worker's medical records lack documentation of the efficacy of the current medication regimen to include pain and functional status, and the documented objectives of failure of conservative care. The request does not indicate the rationale for the retrospective purchase of the heat unit. There is a lack of documentation indicating why a water circulating heat pad with pump would be required as opposed to traditional at home applications of heat. Additionally, the submitted request does not indicate the site at which the unit is to be used. As such, the request for Retrospective request for purchase of water circulating heat pad with pump is not medically necessary.