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| <b>Case Number:</b>   | CM14-0190922 |                              |            |
| <b>Date Assigned:</b> | 11/24/2014   | <b>Date of Injury:</b>       | 04/15/2003 |
| <b>Decision Date:</b> | 01/09/2015   | <b>UR Denial Date:</b>       | 11/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/17/2014 |

### 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 Internal Medicine 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 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:

Pursuant to the progress report dated September 30, 2014, the injured worker complains of increased pain in the hands with lack of access to Norco. She has been out of Norco for 3 weeks. She has severe headaches and more shooting pains into her hands. She can't use her hands at all. She notes that the pain is so bad; she has resorted to drinking alcohol at night. She feels stressed out and is not leaving the house unless she has to. She states, "this is not a life for me". "Why should I go on like this?" Physical examination revealed right hand painful range of motion with extension at the metacarpophalangeal joint of the ring finger limited to -10 degrees. Dupuytren's contracture is still present. She is tender proximal to the band and only mildly distally. Allodynia is noted over the entire hand. She can't flex hands at all. Her hands are burning, hot, and red. Left hand range of motion is restricted with limited range of motion. Ring finger with extension contracture. She cannot make a fist on either side. The injured worker has been diagnosed with carpal tunnel syndrome; other general symptoms; unspecified myalgia and mitosis; depressive disorder no elsewhere classified; reflex sympathetic dystrophy not otherwise specified; contracted palmar fascia; repetitive stress injury of bilateral upper extremities with chronic pain syndrome s/p C4-C6 fusion; hemorrhoids, s/p surgery with post op complications; and encounter for long-term use of other medications. Current medications include Topamax 25mg, Savella 25mg, Zoloft 50mg, Hydrocortisone AC 25mg Suppository, Hydrocortisone Plus 1% Cream, Namenda 5mg, Norco 5/325mg, Nucynta ER 100mg, Valium 10mg, Nitro-Bid 2% Ointment, and Lisinopril 10mg. The provider is requesting authorization for DME: Heat/Cold Compression Unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Heat/Cold Compression Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand

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

**Decision rationale:** Pursuant to the ACOEM, Heat/Cold Compression Unit is not medically necessary. The guidelines state physical modalities such as "massage, diathermy, transcutaneous electrical neural stimulation, and biofeedback" have no scientifically proven efficacy in "treating acute hand, wrist or forearm symptoms." The Official Disability Guidelines state heat is "recommended." These considerations however, are limited by methodological considerations such as poor quality of trials. Cold packs are recommended. In this case, the injured worker has used ice packs with improvement of pain relief. The working diagnoses are carpal tunnel syndrome, depressive disorder, unspecified myalgia and myositis, contracted palmer fascia, repetitive stress injury of bilateral upper limbs with chronic pain syndrome, and status post C-4 - C6 fusion. However, there is limited scientific evidence of sustained objective functional gains from prior use support the physician request. Moreover, the evidence-based guidelines do not support the request due to the limited evidence of effectiveness. Additionally, at-home applications of hot/cold packs are as effective as those performed by a therapist. Consequently, the request for a Heat/Cold Compression Unit is not medically necessary.