MAXIMUS Federal Services

Case Number:	CM15-0031052		
Date Assigned:	02/24/2015	Date of Injury:	04/12/2002
Decision Date:	04/08/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/19/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 66 year old female who sustained an industrial related injury on 4/12/02. The injured worker had complaints of low back pain, right thumb pain, and right wrist pain. Diagnoses included right shoulder sprain/strain, right wrist sprain/strain secondary to compensation and carpal tunnel syndrome, right first carpometacarpal osteoarthritis with trigger finger, lumbar spine sprain/strain with multilevel disc bulges, facet osteoarthritis, right sacroiliac joint sprain, and status post bilateral total knee replacement. Treatment included a rhizotomy which provided 100% pain relief for 6-8 months. Medications included Lyrica, Robaxen, and Tramadol. The treating physician requested authorization for continuous cold therapy unit and cervical pillow. On 1/20/15 the requests were non-certified. Regarding the cold therapy unit, the utilization review (UR) physician noted home application of ice and cold packs will suffice for edema control. Regarding the cervical pillow, the UR physician noted there is no documentation provided that the injured worker is performing a home exercise program. Therefore the requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: continuous cold therapy unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Carpel Tunnel.

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, Continuous cold therapy (CCT).

Decision rationale: Regarding the request for cold therapy unit, CA MTUS and ACOEM do not address the issue. ODG supports cold therapy for up to 7 days after carpal tunnel release. Within the documentation available for review, the request is noted to be for a cold therapy unit purchase after carpal tunnel release, but guidelines do not support more than 7 days of use for this device and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested cold therapy unit is not medically necessary.

Associated Surgical Service: cervical pillow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Neck Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Pillow.

Decision rationale: Regarding the request for a cervical pillow, California MTUS does not address the issue. ODG recommends the use of a neck support pillow while sleeping, in conjunction with daily exercise, as either strategy alone did not give the desired clinical benefit. Within the documentation available for review, the patient is noted to have a pending carpal tunnel release and there is no documentation of adherence to a daily independent home exercise program for any cervical spine issues. In the absence of such documentation, the currently requested cervical pillow is not medically necessary.