

Case Number:	CM15-0034401		
Date Assigned:	03/02/2015	Date of Injury:	09/14/2013
Decision Date:	04/14/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/23/2015

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

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 37 year old male injured worker suffered an industrial injury on 9/14/2013. The diagnoses were cervical strain, cervical disc herniations and left carpal tunnel syndrome with bilateral cubital tunnel syndrome. The diagnostic study was magnetic resonance imaging of the cervical spine. The treatments were physical therapy, medications, restricted activity and epidural steroid injections. The treating provider reported neck pain with left upper extremity weakness. The Utilization Review Determination on 2/18/2015 non-certified: 1. Thermacare 30 day rental, MTUS ACOEM. 2. Thermacare pad purchase, MTUS, ACOEM

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermacare 30 day rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Neck Chapter, Heat/cold applications.

Decision rationale: The patient presents with neck pain and carpal tunnel syndrome. The request is for THERMACARE 30 DAY RENTAL. MRI of the cervical spine from 01/24/14 reveals moderate left paracentral herniation at C6-7. Per 01/06/15 progress report, the patient is temporarily disabled for next 30 days. The patient is scheduled for neck surgery next week. ODG guidelines under Neck Chapter, Heat/cold applications topic, recommend heat/cold applications. "Insufficient testing exists to determine the effectiveness (if any) of heat/cold applications in treating mechanical neck disorders, though due to the relative ease and lack of adverse affects, local applications of cold packs may be applied during first few days of symptoms followed by applications of heat packs to suit patient. (Gross-Cochrane, 2002) (Aker, 1999) (Bigos, 1999)" ODG guidelines under Carpal tunnel release Chapter, Heat therapy topic, heat therapy is recommended. "Recommend at-home local applications of cold packs first few days of acute complaints; thereafter, applications of heat therapy. (Hochberg, 2001) (Michlovitz, 2002) (Michlovitz, 2004) See also Paraffin bath therapy; Ultrasound, therapeutic." In this case, the treater does not clarify what the request is. Thermacare is typically a patch that is applied to skin for warmth, but the request is for a 30 day rental, implying that this is a machine. While local application of heat is reasonable, a sophisticated machine rental is not supported by the guidelines. For heat/cold, ACOEM supports at-home application. The request IS NOT medically necessary.

Thermacare pad purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Neck Chapter, Heat/cold applications Carpal tunnel release Chapter, Heat therapy.

Decision rationale: The patient presents with neck pain and carpal tunnel syndrome. The request is for THERMACARE PAD PURCHASE. MRI of the cervical spine from 01/24/14 reveals moderate left paracentral herniation at C6-7. Per 01/06/15 progress report, the patient is temporarily disabled for next 30 days. The patient is scheduled for neck surgery next week. ODG guidelines under Neck Chapter, Heat/cold applications topic, recommend heat/cold applications. "Insufficient testing exists to determine the effectiveness (if any) of heat/cold applications in treating mechanical neck disorders, though due to the relative ease and lack of adverse affects, local applications of cold packs may be applied during first few days of symptoms followed by applications of heat packs to suit patient. (Gross-Cochrane, 2002) (Aker, 1999) (Bigos, 1999)" ODG guidelines under Carpal tunnel release Chapter, Heat therapy topic, heat therapy is recommended. "Recommend at-home local applications of cold packs first few days of acute complaints; thereafter, applications of heat therapy. (Hochberg, 2001) (Michlovitz, 2002) (Michlovitz, 2004) See also Paraffin bath therapy; Ultrasound, therapeutic." In this case, the treater does not clarify what the request is. While thermacare patches may be supported, a pad that is used with some kind of a machine providing heat would not be supported per guidelines. ACOEM recommends at-home application of heat/cold for symptom management. The request IS NOT medically necessary.