

Case Number:	CM15-0036403		
Date Assigned:	03/04/2015	Date of Injury:	04/11/2012
Decision Date:	04/14/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/26/2015

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: Pennsylvania, Ohio, 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:

This 51 year old male sustained a work related injury on 04/11/2012. According to a progress report dated 01/23/2015, the injured worker complained of increased upper extremity pain and chronic left thumb pain radiating to the left forearm and axilla. Cream was helpful in the past to control pain as well as a TENS unit that was very helpful in managing pain. Sleep was improved with Lunesta. Mood was poor. Pain level was rated 9 on a scale of 1-10. Diagnoses included joint pain hand, poor coping/pain disorder with psych factors, status post-surgery left hand January 2013, trigger finger (acquired), insomnia, carpal tunnel syndrome and history of colon issues. Plan of care included await evaluation report Functional Capacity Examination, Psych; continue with TENS, Paraffin wax bath, Norco as needed, request Lunesta and TENs patches, trial Lidopro cream and return to psychiatrist-mood poor and passing thoughts of suicide. The provider noted that the injured worker would benefit from a heating pad. According to a progress report dated 02/02/2015, the provider requested a heating pad for home use. On 03/04/2015, Utilization Review non-certified electric heat pad moist. According to the Utilization Review physician, there was no documentation that the injured worker tried and failed at home traditional applications of heat to warrant the request for this device. Guidelines referenced for this request included CA MTUS ACOEM Practice Guidelines Forearm, Wrist and Hand Complaints. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electric heat pad,moist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

Decision rationale: ACOEM recommends use of passive modalities such as heat or cold for temporary treatment in the acute to subacute phase of an injury for 2 weeks or less. The records do not provide an alternative rationale for local heat in a chronic phase, nor do the records provide a rationale for purchase of a heating pad rather than use of low tech hot/cold packs. This request is not medically necessary.