

Case Number:	CM15-0047651		
Date Assigned:	03/19/2015	Date of Injury:	09/20/2011
Decision Date:	04/24/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/13/2015

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: Maryland, Virginia, North Carolina
Certification(s)/Specialty: Plastic Surgery

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 44 year old female, who sustained an industrial injury on 09/20/2011. The injured worker is currently diagnosed as having low back pain, shoulder bursitis, shoulder impingement, and cervical pain. Treatment to date has included right shoulder surgery, left carpal tunnel release, physical therapy, acupuncture, and medications. In a progress note dated 01/20/2015, the injured worker presented with complaints of constant pain in the neck with numbness and tingling, pain in the left wrist with numbness and tingling, and constant pain in the low back that radiates down the right leg into the foot. The treating physician reported requesting a sterile circulating water pad for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Sterile Circulating Water Pad (DOS: 01/30/2015): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, And Hand, Heat and Cold Treatment.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation ODG, Carpal Tunnel Surgery, Continuous cold therapy.

Decision rationale: The patient is a 44 year old female who was certified for left carpal tunnel release. A previous request for a cold compression unit was not certified. A retrospective review of a sterile circulating water pad was not certified. From page 265, ACOEM, 'Patients at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist.' From ODG, continuous cold therapy for carpal tunnel surgery notes that continuous cold therapy is recommended as an option only in the postoperative setting and generally for no more than 7 days, including home use. Thus, without further clarification with respect to the duration and application, a sterile circulating water pad should not be considered medically necessary.