

Case Number:	CM15-0056242		
Date Assigned:	04/01/2015	Date of Injury:	05/22/2011
Decision Date:	05/01/2015	UR Denial Date:	03/07/2015
Priority:	Standard	Application Received:	03/24/2015

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 54 year old female who sustained an industrial injury on 5/22/11. The injured worker reported symptoms in the right upper extremity. The injured worker was diagnosed as having discogenic cervical condition with facet inflammation, bilateral shoulder impingement with rotator cuff strain and bicipital tendonitis bilaterally, epicondylitis medially and laterally on left, cubital tunnel syndrome bilaterally, and carpal tunnel syndrome bilaterally. Treatments to date have included physical therapy, injections, transcutaneous electrical nerve stimulation unit, massage, activity modification, and bracing. Currently, the injured worker complains of pain in the right upper extremity. The plan of care was for purchase of hot and cold wrap. A progress report dated September 26, 2014 states that the patient has a hot and cold wrap.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Hot and Cold wrap: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter, Cold packs and Heat therapy.

Decision rationale: Regarding the request for hot and cold wrap, California MTUS and ODG do support the use of simple heat/cold packs. However, more sophisticated treatment is not supported except in the first 7 days following surgical intervention. Within the documentation available for review, there is no documentation supportive of the need for specialized hot and cold wraps rather than simple heat/cold packs. Additionally, it appears the patient already has a hot and cold wrap, and it is unclear why a 2nd one would be needed. As such, the currently requested hot and cold wrap is not medically necessary.