MAXIMUS Federal Services

Case Number:	CM15-0071074		
Date Assigned:	04/21/2015	Date of Injury:	11/22/2014
Decision Date:	05/20/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/14/2015

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 38 year old female injured worker suffered an industrial injury on 11/22/2014. The diagnoses included right hand contusion, and sprain/strain, right upper extremity neuropathy and mild carpal tunnel syndrome. The diagnostics included magnetic resonance imaging of the right hand and electromyographic studies /nerve conduction velocity studies and functional restoration report. The injured worker had been treated with medications. On 3/16/2015 the treating provider reported right hand decreased range of motion with tenderness. The treatment plan included Aqua Relief System for the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of an Aqua Relief System for the right hand: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.medi-stim.com/hotcold/ars.htmlOfficial disability guidelines Carpal Tunnel Syndrome chapter, Continuous cold therapy (CCT).

Decision rationale: The 38 year old patient complains of pain in bilateral hands, and has been diagnosed with contusion of hand, and hand sprain and strain, as per progress report dated 03/23/15. The request is for PURCHASE OF AN AQUA RELIEF SYSTEM FOR THE RIGHT HAND. There is no RFA for this case, and the patient's date of injury is 11/22/14. The patient had an abnormal NCV of the right hand, which revealed mild CTS, as per progress report dated 03/18/15. As per progress report dated 01/30/15, the patient's pain is rated at 8/10. The patient is off work, as per progress report dated 03/18/15. According to www.medi-stim.com/hotcold/ars.html, the Aqua Relief System is a hot and cold water therapy unit which delivers pain relief to achy feet and other body parts due to arthritic pain, carpal tunnel syndrome, back pain, and other pain conditions. MTUS and ACOEM guidelines do not discuss cold/hot therapy units. ODG guidelines, chapter 'Carpal Tunnel Syndrome', and topic 'Continuous cold therapy (CCT)', "Recommended as an option only in the postoperative setting, with regular assessment to avoid frostbite. Postoperative use generally should be no more than 7 days, including home use." In topic 'Heat Therapy', "Recommend at-home local applications of cold packs first few days of acute complaints; thereafter, applications of heat therapy." In this case, a request for hot and cold pack / wrap or thermal combo unit is noted in progress report dated 03/16/15. However, the treating physician does not explain the purpose and, there is no documentation of an upcoming surgery for which aqua relief system is generally indicated. Additionally, such units are only recommended for short-term use. Hence, the request for purchase of aqua relief system IS NOT medically necessary.