

Case Number:	CM14-0219308		
Date Assigned:	01/09/2015	Date of Injury:	12/05/2013
Decision Date:	03/10/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/31/2014

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 43 year old male who sustained an industrial injury on December 5, 2013. He has reported pain in the neck, shoulders, and bilateral hands and was diagnosed with carpal tunnel syndrome, cervical disc protrusion, and cervical radiculitis. Treatment to date has included medical imaging, surgery, pain medication, physical therapy, and chiropractic treatment. Currently the injured worker complains of neck pain and stiffness, ongoing pain to bilateral shoulders, ongoing pain to bilateral hands and wrist, anxiety, stress, and depression. The treating physician's treatment plan included conservative treatment. The patient has had MRI of the bilateral shoulder and the cervical spine on 1/15/14. He sustained the injury due to cumulative trauma. The diagnoses included headache, sprain of the cervical and bilateral shoulder region and cervical radiculopathy. The patient has had EMG on 3/14/14 that revealed bilateral CTS. He was dispensed a Water circulation heat pad with pump from 2/4/14 to 5/26/14. Per the doctor's note dated 4/8//14, patient had complaints of headache, neck pain, bilateral shoulder and wrist pain at 4/10 and muscle spasm. Physical examination revealed tenderness on palpation, limited range of motion of the bilateral shoulder and wrist and cervical region. The patient's surgical history include right hand, right wrist and left knee surgeries.

IMR ISSUES, DECISIONS AND RATIONALES

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

Water circulation heat pad with pump: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Physical Modalities and Page Number 174. Decision based on Non-MTUS Citation Elbow (updated 02/27/15) Heat packs

Decision rationale: Request: Water circulation heat pad with pump. Per the ACOEM guidelines cited below At-home local applications of cold in first few days of acute complaint; thereafter, applications of heat or cold. Any evidence of recent surgery was not specified in the records provided The cited guidelines state, Recommends at-home applications of cold packs during first few days; thereafter applications of either heat or cold packs to suit patient. A rationale for using the Water circulation heat pad with pump versus a simple heating pad was not specified in the records provided. A recent detailed clinical evaluation note of treating physician was not specified in the records. In addition per the records provided, patient has received an unspecified number of PT visits for this injury. Response to this conservative therapy was not specified in the records provided. Previous conservative therapy notes are not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for Water circulation heat pad with pump is not fully established in this patient.