

Case Number:	CM13-0019521		
Date Assigned:	11/08/2013	Date of Injury:	06/11/2007
Decision Date:	08/25/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/03/2013

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. The expert reviewer is Board Certified in Family Practice, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 59-year-old female with date of injury of 06/11/2007, mechanism of injury was not provided. The patient has diagnoses of right wrist/thumb chronic De Quervain's tenosynovitis, compensatory injury, and status post left forequarter amputation. The patient was seen on 07/25/2013 for a follow-up regarding her right arm pain, which the patient rated 7/10 to 9/10 on the pain scale. The patient noted she is very happy with the surgical result and continues with physical therapy. The patient also is continuing with home exercise program and stretching routine as tolerated, and continues bracing for her right De Quervain's tenosynovitis. Medications at this time included topical Medrox patches and Terocin cream which she states helps decrease pain and increase function. The patient is not taking any oral medications at this time. On exam, right hand and wrist examination were positive for Finkelstein's test and extension of right wrist was 60 degrees, flexion was 60 degrees, radial deviation was 20 degrees, and ulnar deviation was 40 degrees. The patient has no triggering of the right thumb, but significant tenderness to palpation along the first dorsal extensor compartment. Treatment plan was that the patient was to continue with home exercise program and stretching routine as tolerated as well as physical therapy which seems to be helping substantially decrease pain and increase function. Also, the patient was to continue bracing with the thumb spica splint to the right De Quervain's tenosynovitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home paraffin wax kit for therapeutic purposes for right wrist pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The patient is diagnosed with right wrist/thumb chronic De Quervain's tenosynovitis, status post left forequarter amputation. On exam the right hand and wrist is positive for Finkelstein's test, right wrist extension 60 degrees, flexion 60 degrees, radial deviation 20 degrees, ulnar deviation 40 degrees. Also noted is significant tenderness to palpation along the first dorsal extensor compartment. Official Disability Guidelines recommend paraffin wax bath as an option for arthritic hands if used in adjunct to a program of evidence based conservative care (exercise). The documentation provided does not note a diagnosis of arthritis. Therefore, the request is not medically necessary.