

Case Number:	CM13-0029705		
Date Assigned:	12/11/2013	Date of Injury:	06/06/2013
Decision Date:	01/28/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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 52-year old female with a date of injury on June 6, 2013. The patient cut her left hand with a slicer. The physicians note, dated August 26, 2013 reveals continued decreased sensation in left hand with swelling. Exam findings reveal little finger slightly elevated on the ulnar side with white bordere approximated, no excessive erythema or edema noted. Tender metacarpophalangeal (MCP) joint with moderate swelling at the dorsal aspect, muscle tone normal, grip strength at 20 lbs and pinch strength at 6 lbs. There is hypersensitivity at the low spatial-frequency (LSF) volarly and dorsally with normal 2-point discrimination in small finger. Diagnosis is laceration of the left hand. The request is for 12 additional therapy sessions including ultrasound treatment with acetic acid, home massager, scar strips and putty on the August, 26, 2013 report, there is no indication of brand, usage, or treatment duration.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for 12 additional therapy sessions, including ultrasound treatment with acetic acid:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Therapeutic Ultrasound Section Page(s): 123.

Decision rationale: The California MTUS chronic pain guidelines do not recommend the use of ultrasound for therapeutic purposes. The guidelines state that ultrasound is not better than placebo. Therefore as guidelines do not recommend therapeutic ultrasound, the treatment is not medically necessary.

request for one (1) at home massager: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 5th Edition (web), 2007, Arm and hand-Physical Therapy and the ODG Physical/Occupational Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Section Page(s): 60.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do recommend massage in certain cases. The guidelines state, "Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain." The use of a home massager has the same issues as chronic long term massage. There is no indication of the duration and treatment prescription for this device. Also there is no evidence showing the benefit of any specific brand/type over others. Therefore, it is not medically necessary.

request for Scar Strips: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Plastic Reconstruction Surgery, International clinical recommendations on scar management, August 2002, 110(2):560-71.

Decision rationale: The California MTUS does not address scar healing. Other evidence based guides did not address this topic. A literary search shows that this treatment has been efficacious in treating hypertrophic scarring. The intervention is low cost and has little side effects. Therefore as literature supports this treatment, it is recommended.

request for Putty: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The California MTUS guidelines on chronic pain state that though exercise is superior to non exercise, there is no evidence to support any one particular exercise over another. Also, there is no written exercise plan or treatment prescription for the use of the putty. Therefore this treatment is not medically necessary.