

Case Number:	CM13-0047605		
Date Assigned:	12/27/2013	Date of Injury:	03/19/2013
Decision Date:	05/19/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/03/2013

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 Orthopedic Surgery and Hand Surgery 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 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 60-year-old gentleman who was injured on March 19, 2013. The clinical records available for review indicate that between October 16th and October 31st, the patient utilized an H-wave stimulator device for which documentation indicated 50% improvement with continued 7/10 VAS pain score scales. Further clinical documentation includes October 24, 2013 clinical follow-up report indicating neck stiffness but examination findings showing range of motion to the digits with tenderness to the third metacarpal and positive A1 pulley tenderness to the third digit. Motion to the index finger showed 20 to 80 degrees at the MCP, 0 to 90 degrees at the PIP and 0 to 70 degrees at the DIP. The long digits showed 10 to 70 degrees at the MCP, 0 to 80 degrees at the PIP and 0 to 70 degrees at the DIP. The claimant was with the diagnosis of right hand contusion with long finger motion deficit and degenerative changes to the right thumb CMC joint. A Dynasplint for the right index and long finger MCP and PIP was recommended as well as continuation of medication management, purchase of a home H-wave device and continuation of formal physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MONTH EVALUATION TRIAL OF H-WAVE HOME CARE SYSTEM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION (HWT) Page(s): 117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION (HWT) Page(s): 117.

Decision rationale: The patient already underwent a sixteen day use of an H-wave device that only demonstrated partial improvement with VAS pain score scale still at a 7/10. The purchase of the above device based on lack of clinical efficacy would not be supported as medically necessary. There would be no clinical indication for an additional one month evaluation trial of the device in question.

DYNASPLINT FOR RIGHT INDEX AND LONG FINGERS MCP AND PIP FLEX:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES: WORK LOSS DATA INSTITUTE, LLC; CORPUS CHRISI, TX; WWW.ODG-TWC.COM; SECTION:FOREARM, WRIST, & HAND

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES: FOREARM, WRIST, HAND PROCEDURE - STATIC PROGRESSIVE STRETCH (SPS) THERAPY

Decision rationale: CA MTUS Guidelines do not specifically address. When looking at Official Disability Guideline criteria, the role of a Dynasplint in this case also would not be supported. Dynasplints are only considered for up to eight weeks of use when used for joint stiffness caused by immobilization or established contractures when passive range of motion is restricted. In this instance, while the claimant is noted to be with mild active restriction, there is no indication of passive restriction based on clinical records available for review. It would be unclear based on absent documentation of imaging as to why advancement of motion would not be more appropriate with aggressive physical therapy, home exercises and medication regimen already being prescribed.