

Case Number:	CM13-0050611		
Date Assigned:	12/27/2013	Date of Injury:	07/09/2012
Decision Date:	08/29/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/14/2013

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 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 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:

This patient is a 32 y/o female who had her right forearm crushed/caught in a chain type of mechanism on 7/09/12. This resulted in a comminuted fracture of the radius and ulnar which was treated with an open reduction and fixation. She has continued to have persistent pain and limitations in the affected arm. Because of the hardware, x-rays do not reveal the fracture line and the radiologists cannot rule out a non-union. A hand surgeon has opined that she likely has a non-union and there have been recommendations for additional follow up. The records sent for review do not contain follow up notes regarding the additional recommended treatment from the hand surgeon. There is no documentation of a recent CAT scan to look at the fracture sites. An AME orthopedic surgeon opined that she was not permanent and stationary pending additional documentation of recommendations from the hand surgeon. She is treated with oral analgesics (Neurontin) and wears a splint. A paraffin unit has been requested. There is no documentation of prior trials of such a unit in therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PARRAFIN BATH UNIT FOR RIGHT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

Decision rationale: MTUS Guidelines suggest that the application of heat may be useful for chronic hand conditions such as arthritis. However, this patient does not have arthritis and the records indicate that the actual diagnosis is yet to be finalized. A hand specialist has opined that a non-union is likely present and this would explain the ongoing difficulties. Prior to application of heat via home based durable medical equipment it would be reasonable for the hand specialist to finalize the treatment recommendations. In addition, it would be reasonable for this to be trialed in a controlled setting such as occupational therapy, prior to recommending its use at home. Without a confirmed diagnosis, the request for a home paraffin bath does not meet Guideline standards. Therefore, the request for paraffin bath unit for right wrist is not medically necessary.