

Case Number:	CM13-0052907		
Date Assigned:	12/30/2013	Date of Injury:	03/16/2013
Decision Date:	03/14/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/18/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 35 year old male with date of injury 03/16/13. The listed diagnosis per [REDACTED] dated 09/26/13 is a right hand crush injury with multiple open fractures and significant stiffness, weakness and pain. According to progress report dated 09/26/13 by [REDACTED], the patient states that while working on a machine, his right hand got caught between the gears causing severe lacerations and a crushing type injury to his fingers. He complains of pain in all four fingers of the right hand. He experiences throbbing, soreness, tingling, aching pain, inability to grasp, sometimes sharp and shooting pain in his right hand and fingers. He has difficulty performing activities of daily living, cleaning, cooking, combing his hair, etc. and has had to learn how to use his left hand for most activities. He is unable to bend the fingers and is no longer able to make a fist. Physical examination of the right hand shows swelling of the fingers diffusely. He has healed lacerations over the dorsal and volar aspect of the index, middle, ring and little fingers. He is unable to flex or extend his fingers, numbness along the fifth digit, capillary refill in all digits. The treater is requesting hot and cold pack/wrap and rehabilitation kit for the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

A hot/cold pack or wrap: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hand, Wrist and Forearm Chapter, Cold packs and Heat Therapy.

Decision rationale: This patient presents with right hand crush injury with multiple open fractures and significant stiffness, weakness and pain. The treater is requesting hot and cold pack/wrap to reduce joint inflammation and pain, and increase circulation. MTUS and ACOEM are silent when it comes to this request. However, ODG guidelines recommends at-home local applications of cold pack in the first few days of acute complains; thereafter, application of heat packs. In this case, the patient can benefit from hot and cold packs to reduce inflammation and increase circulation to the digits.

A rehabilitation kit for the right hand: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

Decision rationale: The treater is requesting a rehabilitation kit for the right hand to be used in conjunction with a formal physical therapy program. MTUS guidelines recommend exercise, but states there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. There is no description of what is inside the rehabilitation kit. However, typical hand rehabilitation can include a variety of items including putties, strings and pulley to work on range of motion and strengthening. Given the patient's significant injury such rehab tools can be quite helpful and given the strong support for home exercise on all of the guidelines, recommendation is for authorization of the exercise rehab kit.