

Case Number:	CM13-0060555		
Date Assigned:	12/30/2013	Date of Injury:	05/24/2013
Decision Date:	06/04/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	12/03/2013

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 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 24 year old male whose date of injury is 5/24/13. On this date, the patient fell and a piece of wood punctured his left thumb. The patient is status post excision left thumb mass (piece of wood) performed in October 2013. A follow-up note dated 10/23/13 indicates that on physical examination there was +4 spasm and tenderness to the left thumb and thenar eminence.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX VISITS OF PHYSICAL MEDICINE TREATMENT FOR THE LEFT THUMB (INFRARED,PARAFFIN, MYOFASCIAL RELEASE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 57-60.

Decision rationale: The medical records submitted for review indicate that the patient underwent surgical intervention for removal of a piece of wood in the left thumb on 10/16/13. There is no comprehensive assessment of postoperative treatment completed to date, or the patient's response to this treatment in the medical records. The number of postoperative

treatments completed to date is not documented. There is no current, detailed physical examination submitted for review, and no specific, time-limited treatment goals were provided. Current evidence based guidelines generally do not support the utilization of paraffin and infrared. As such, the request is not medically necessary.