

Case Number:	CM13-0072249		
Date Assigned:	01/08/2014	Date of Injury:	09/03/2013
Decision Date:	04/15/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	12/30/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Texas. 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 an 18-year-old female who reported an injury on 09/03/2013. The patient was reportedly injured when her right hand became stuck on a conveyer belt. The patient is diagnosed with right hand post-traumatic injury. The patient was seen by [REDACTED] on 10/24/2013. The patient reported continuous pain in the dominant right middle, ring, and pinky fingers. The patient also reported activity limitation. Physical examination revealed a laceration on the radial side of the proximal interphalangeal joint of the right hand ring finger, ankylosis of the right hand little and ring finger, tenderness to palpation, normal range of motion of bilateral hands, slightly diminished range of motion of the right ring finger and little finger, and diminished grip strength on the right. Treatment recommendations at that time included continuation of current medication, an MRI of the right hand, a Functional Capacity Evaluation, occupational therapy, a paraffin kit, and orthopedic consultation with a hand specialist. A urine sample was also collected on that date, and a request for authorization was submitted for a DNA test.

IMR ISSUES, DECISIONS AND RATIONALES

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

PARAFFOM WAX KIT/BATH: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: Official Disability Guidelines state paraffin wax baths are recommended as an option for arthritic hands if used as an adjunct to a program of evidence based conservative care. As per the documentation submitted, the patient does not maintain a diagnosis of arthritis. Therefore, the patient does not meet criteria for the requested durable medical equipment. As such, the request is non-certified.

CHIROPRACTIC TREATMENT 2 TIMES A WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: California MTUS Guidelines state manual therapy and manipulation is recommended for chronic pain if caused by a musculoskeletal condition. Treatment for the forearm, wrist, and hand is not recommended. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

MRI OF RIGHT HAND: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: California MTUS/ACOEM Practice Guidelines state for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. As per the documentation submitted, the patient's physical examination only revealed slightly diminished range of motion with decreased grip strength on the right. There was no mention of an exhaustion of conservative treatment prior to the request for an imaging study. The patient has also undergone an x-ray of the right hand, which indicated normal findings. Based on the clinical information received, the request is non-certified.

URINE DRUG SCREEN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77 and 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. There is no indication that this patient falls under a high risk category. The medical necessity for the requested service has not been established. As such, the request is non-certified.

DNA TESTING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Citation: Regence Group, Medical Policy Manual Topic: Cytochronic page(s) 450.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42.

Decision rationale: California MTUS Guidelines state cytokine DNA testing for pain is not recommended. There is no current evidence to support the use of DNA testing for the diagnosis of pain, including chronic pain. The medical necessity for the requested service has not been established. Therefore, the request is non-certified.