

Case Number:	CM13-0072314		
Date Assigned:	01/08/2014	Date of Injury:	05/10/2013
Decision Date:	04/30/2014	UR Denial Date:	12/20/2013
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 Orthopedic Surgery and Hand Surgery and is licensed to practice in Orthopedic Hand Surgery. 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 23-year-old female who reported an injury on 05/10/2013 where she pulled out a cash register drawer that fell on her 5th digit. The patient reportedly injured her bilateral wrists and right 5th digit. The patient's treatment history included activity modifications, splinting, pain medications, and physical therapy. The patient's most recent clinical evaluation documented that the patient had tenderness over the forearm extensors, a swollen and tender metacarpophalangeal joint of the 5th digit with a weakened hand grip. The patient's diagnoses included status post dislocation of the 5th metacarpal phalangeal joint, right forearm sprain/strain, and possible right hand neuropathy. The patient's treatment plan included an electrodiagnostic study, physical therapy, and work restrictions. A request was made for a right elbow brace, a paraffin wax kit, and a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT ELBOW BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 17, 19, 26 and 31.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

Decision rationale: Requested right elbow brace is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine do not support the use of splinting the forearm, wrist, or hand. Prolonged immobilization leads to weakness and stiffness. The clinical documentation submitted for review does not provide any exceptional factors to support extending treatment beyond guideline recommendations. As such, the requested right elbow brace is not medically necessary or appropriate.

PARAFFIN WAX KIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - Wrist and Hand (Acute and Chronic).

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

Decision rationale: The requested paraffin kit is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address the use of paraffin wax baths. Official Disability Guidelines recommend paraffin wax baths as an option for arthritic hands. The clinical documentation submitted for review does not provide any evidence that the patient has a diagnosis of arthritis to the hands. Therefore, the requested treatment would not be appropriate for this patient. Additionally, the request as it is submitted does not clearly define a frequency or duration of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested paraffin wax kit is not medically necessary or appropriate.

TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114 and 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 114.

Decision rationale: The requested TENS unit is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends a TENS unit as an adjunct therapy to an active functional restoration program. However, use of this treatment modality should be limited to a 30 day trial. Continued use of this unit would need to be based on significant functional gains and symptom relief. The clinical documentation does not indicate that the patient has undergone a trial of a TENS unit. Additionally, the request does not clearly define the frequency and duration of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested TENS unit is not medically necessary or appropriate.