

Case Number:	CM14-0117471		
Date Assigned:	08/06/2014	Date of Injury:	10/10/2013
Decision Date:	09/10/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/27/2014

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 claimant is a 39-year-old male injured on October 10, 2013. The records provided for review do not note a mechanism of injury. A PR2 report dated June 14, 2014, documents increased complaints of stiffness and discomfort of the left index finger. Physical examination showed restricted range of motion to the wrist and triggering of the left hand. This request is for continuation of treatment with Diclofenac; continuation of treatment with LidoPro ointment; a home-based paraffin bath unit; patches for a TENS unit; and orthopedic evaluations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 100 mg, count 30.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines would not support oral use of Diclofenac. Under the Chronic Pain Guidelines, non-steroidal medications are recommended in the lowest possible dose and for the shortest duration of time for the management of acute, symptomatic flare in subjects with chronic pain complaints. In this case,

the reviewed records document no acute increase in symptoms or significant benefit from the prior use of non-steroidal, anti-inflammatory agents in controlling the claimant's hand and finger discomfort. Therefore, this request would not be medically indicated.

LidoPro 121 gm (quantity not specified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines would not support continued use of LidoPro. Under the Chronic Pain Guidelines, agents containing lidocaine are recommended for the management of neuropathic discomfort after first-line treatments, such as tricyclic antidepressants, gabapentin or Lyrica, have failed. The diagnosis in this case does not establish a diagnosis of neuropathic pain or evidence of neuropathic pathology. The request for continued treatment with LidoPro topical ointment would not be established as medically indicated.

Paraffin bath for home therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, (2013 Updates) Forearm, Wrist, Hand Procedure Summary, Paraffin Wax Baths.

Decision rationale: California MTUS ACOEM Guidelines do not provide criteria relevant to this request. Under Official Disability Guidelines (ODG), the home-based use of a paraffin bath would not be indicated. Under the ODG, immersion in paraffin wax can be used to manage discomfort of the hand or digits associated with osteoarthritis. The records in this case do not provide clinical evidence supporting a diagnosis of osteoarthritis. Therefore, the request for home-based use of a paraffin bath would not be supported.

TENS patches (quantity not specified): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS)/Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines would not support the use of a TENS device or supplies associated with a TENS device in this case. Under the Chronic Pain Guidelines criteria, treatment with electrical stimulation is recommended if used as an adjunct to a program of evidence-based functional restoration. In this case, the reviewed records do not identify the body part for which the TENS would be used nor do they document a diagnosis and working assessment. The documentation also does not identify that the claimant is engaged in a functional restoration program. For these reasons, the request is not established as medically necessary.

Orthopedic evaluation: 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-TWC), Forearm, Wrist & Hand Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: California MTUS ACOEM Guidelines would not support orthopedic assessment. Per ACOEM Guidelines, specialty consultations are reserved for diagnoses that are uncertain, reflect extreme complexity or require a plan or care that may benefit from additional expertise. Though the records in this case document digit pain, they do not provide a diagnosis, treatment recommendation or clinical testing results that would support the need for orthopedic surgery. Given the claimant's clinical presentation, this request would not be established as medically necessary.