

Case Number:	CM14-0131736		
Date Assigned:	08/20/2014	Date of Injury:	06/16/2012
Decision Date:	09/23/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/18/2014

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, Physical Medicine and 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 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 53 year old with an injury date on 6/16/12. Patient complains of pain at dorsal aspect of right hand, pain in right middle digit, and paresthesias to right index finger at distal interphalangeal joint, with pain rated 8/10 per 7/23/14 report. Patient states that when she attempts to flex the right middle digit at distal interphalangeal joint for a period of time, the pain radiates to the dorsal aspect of her right hand and into extensor wad per 7/23/14 report. Based on the 7/23/14 progress report provided by [REDACTED] the diagnoses are; s/p mallet finger and pinning, s/p MRSA infection and incision and drainage due to extensor tendon injury, superimposed myofascial pain syndrome of the right upper extremity and cervical spine strain. Exam on 7/23/14 showed "non-antalgic gait. Range of motion limited with pain on right wrist, especially palmar flexion at 30/60 degrees. Tinel's is positive on right." [REDACTED] is requesting TENS unit (1 month trial), custom made splint, and paraffin wax machine and supplies (paraffin supplies for self-home care). The utilization review determination being challenged is dated 8/8/14 and denied the TENS unit due to lack of documentation of other modalities being attempted and denied the splint as there is not a diagnosis of carpal tunnel syndrome. [REDACTED] is the requesting provider, and he provided treatment reports from 7/23/14 to 9/9/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit (1 month trial):

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

Decision rationale: This patient presents with right hand pain, right middle digit pain, right index finger numbness. The treating physician has asked for a Transcutaneous Electrical Nerve Stimulation (TENS) unit (1 month trial) on 7/23/14. Regarding TENS units, MTUS guidelines allow a one month home based trial accompanied by documentation of improvement in pain/function for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple sclerosis. In this case, review of the medical file indicates the patient has neuropathic pain. The requested TENS unit (1 month trial) appears reasonable and within MTUS guidelines. The request is considered medically necessary.

Custom made splint: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

Decision rationale: This patient presents with right hand pain, right middle digit pain, right index finger numbness. The treating physician has asked for custom made splint on 7/23/14. The 7/23/14 report states that patient's symptoms improve with use of a splint, but her old splint has become worn and unusable. For wrist splinting/bracing, ACOEM Guidelines state, "When treating with splints in CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting would be used at night and may be used during the day depending upon activity." In this case, given patient's persistent complaints of pain and positive examination findings a wrist splint may be considered. However, the treating physician is requesting a "custom made" splint. Custom-made splint/braces are not supported by the guidelines. The request is not medically necessary

Paraffin Wax Machine and Supplies (Paraffin supplies for self home care): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index, 11th Edition (web) 2013 Forearm, Wrist & Hand, Paraffin wax baths.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X ODG-TWC, Forearm Wrist and Hand chapter Paraffin Wax Bath Recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise). According to a Cochrane review, paraffin wax baths combined with exercises can be recommended for beneficial short-term effects for arthritic hands. These conclusions are limited by methodological considerations such as the poor quality of trials. (Robinson-Cochrane, 2002).

Decision rationale: This patient presents with right hand pain, right middle digit pain, right index finger numbness. The treating physician has asked for paraffin wax machine and supplies (paraffin supplies for self-home care) on 7/23/14. The MTUS and ACOEM Guidelines do not discuss paraffin unit specifically. However, ODG Guidelines under wrist and hand has the following regarding paraffin wax baths, "Recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise). According to a Cochrane review, paraffin wax baths combined with exercise can be recommended for beneficial short-term effects for arthritic hands." In this case, the patient has a continued finger and wrist pain but there are no discussions of arthritis in the hand or wrists or adjunct conservative care. The requested paraffin unit is not medically necessary, and the request is considered not medically necessary.