MAXIMUS Federal Services

Case Number:	CM14-0020699		
Date Assigned:	04/30/2014	Date of Injury:	06/11/2013
Decision Date:	07/09/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/19/2014

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 Occupational Medicine 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 applicant has filed a claim for forearm, hand, and wrist pain reportedly associated with an industrial contusion/crush injury of June 11, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; a revision of a partially amputated left index finger; adjuvant medications; unspecified amounts of physical therapy; unspecified amounts of hand therapy and acupuncture; and transfer of care to and from various providers in various specialties. A November 7, 2013 progress note was notable for comments that the applicant was status post open reduction internal fixation of the phalangeal fracture, a revision finger amputation, a fasciotomy of forearm compartments, radial and ulnar intramedullary rodding ORIF surgery, closure of a forearm fasciotomy. A physical therapy progress note of August 21, 2013 was notable for comments that the applicant was off of work as of that point in time. In a later note dated February 19, 2014, however, the attending provider noted that the applicant had persistent complaints of paresthesias and stiffness about the left index finger. The applicant was using Lyrica and topical lidocaine which were diminishing neuropathic complaints. It was noted that the applicant had a hypertrophic scar about the left forearm. The applicant had allodynia and increased hair growth about the same, suggesting mild CRPS. It was stated that the applicant should continue hand therapy. It was stated that the applicant had issues with flexing the left index finger stump. The attending provider, through admittedly incomplete documentation without much in the way of narrative commentary, did appeal the decision to deny the splint and silicone sheets for the forearm and digits. It was stated that these were intended to treat hypertrophic scars about the same. Lyrica and Norco were renewed. The applicant was asked to obtain cognitive behavioral therapy. The applicant was placed off of work, on total temporary disability. In a later note dated March 19, 2014, the applicant stated that his employer had filed

for bankruptcy. The applicant stated that he was trying to use his splint to improve flexibility about the hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT CUSTOM ANTI-SWAN BACK SPLINT: Overturned

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

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, page 266, any splinting or limitation placed on hand, wrist, or forearm activity should not interfere with total body activity in a major way. In this case, the attending provider and the applicant have stated that they are using and/or intend to continue using the splint to ameliorate residual stiffness about the digits in question. Since the attending provider and the applicant are using the splinting in question to increase rather than decrease total body activity, its usage is to be encouraged. Therefore, the request is medically necessary.

SILICONE GEL SHEETS FOR FOREARM, 2 MONTHS SUPPLY: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, Treatment topic Page(s): 40.

Decision rationale: The attending provider has posited that the applicant has developed chronic regional pain syndrome of the hand and forearm status post a traumatic injury of the same. The applicant apparently has some residual scarring and swelling about the same. As noted on page 40 of the MTUS Chronic Pain Medical Treatment Guidelines, edema control is part of treatment for CRPS. In this case, the silicone gel sheets are apparently intended for the purposes of managing scarring and/or edema. Therefore, the request is medically necessary.

SILICONE DIGICAPS FOR WRIST/FINGERS, 2 MONTHS SUPPLY: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, Treatment topic Page(s): 40.

Decision rationale: Again, the attending provider has posited that the applicant has developed elements of chronic regional pain syndrome following a traumatic injury. The applicant has residual issues with hypertrophic scarring and/or edema. As noted on page 40 of the MTUS Chronic Pain Medical Treatment Guidelines, edema control is part and parcel treatment for chronic regional pain syndrome. Therefore, the proposed silicone DigiCaps, which are intended to manage hypertrophic scarring and edema, are medically necessary.