

Case Number:	CM14-0092066		
Date Assigned:	09/12/2014	Date of Injury:	11/14/2013
Decision Date:	11/06/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/18/2014

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 Family 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:

This 40-year-old sorter sustained an injury to his right middle finger when his hand got caught in a conveyor belt and pulley on 11/15/14. He had a laceration of the finger that was initially sutured in an emergency room. He apparently developed a wound in infection, which was treated with antibiotics. He continued to have swelling and decreased motion of the finger, despite physical therapy. He was ultimately referred to a hand surgeon, who diagnosed "status post crush injury to the middle finger with chronic middle finger swelling", and recommended ongoing therapy, TENS and finger massage. The patient was terminated from his job due to a positive drug screen for marijuana on 2/9/14 and has not worked since. He changed providers in May of 2014. There is a single note in the records from his new primary provider, a chiropractor, dated 5/15/14. The report notes that the patient complains of numbness radiating from the tip of his right middle finger to his forearm, and of occasional mild burning pain. He is able to lift, push or pull only very light objects. Exam is notable for a healed scar of the right middle finger. The finger is tender. Range of motion is mildly limited at the PIP joint, with 85 degrees of flexion and -12 degrees extension. Jamar grip strength is decreased on the right. Diagnosis is crush injury of the right middle finger with residual flexion contracture and loss of hand function. Plan includes 4-6 weeks of physical therapy and a [REDACTED] Heating System and Hand/finger exercise home kit. There is no documented rationale for selection of this particular system.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Hand/Finger Exercise Home Kit - [REDACTED] Heating System: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Page(s): 46-47.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264, Chronic Pain Treatment Guidelines Exercise Page(s): 47. Decision based on Non-MTUS Citation ACOEM Guidelines, Updated Chronic Pain Section, Page 168

Decision rationale: The first ACOEM guideline cited above states that specific hand and wrist exercises for range of motion and strengthening are recommended, as are application of cold packs for a few days, followed by application of heat packs. Initial and follow up visits with a physical therapist for education, counseling and evaluating home exercise are recommended. The second guideline states that there is strong evidence that exercise programs, including aerobic conditioning and strengthening, is superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. The third guideline states that self-application of low-tech heat therapy is recommended for treatment of chronic low back pain, CRPS, or other chronic pain syndromes. Applications may be periodic or continuous. Applications should be home-based as there is no evidence for efficacy of provider-based heat treatments. Primary emphasis should generally be on functional restoration program elements, rather than on passive treatments in patients with chronic pain. Non-proprietary, self-applications of heat therapies are not invasive, have low adverse effects provided excessive heat is not used, and may have no associated costs. Based on the MTUS and the medical records provided for my review, purchase of a hand/wrist home exercise rehab kit is not medically necessary. The hand/wrist home exercise rehab kit is not described in the physician report. The treating physician has not discussed the specific indications for this kit or the indications for each component. The provider has also recommended 4-6 weeks of physical therapy. The MTUS makes no recommendation for any particular exercise equipment after initial treatment in physical therapy. The MTUS for Chronic Pain recommends home exercise after supervised physical medicine, with no specific equipment listed. The MTUS, Chronic Pain section, cited above for "Exercise", states that no form of exercise for chronic pain is proven superior over any other. The ACOEM chronic pain guideline recommends low-tech heat therapy, such as hot packs or compresses. A hand/finger exercise home kit- [REDACTED] Heating system is not medically necessary because the provider has not described its components and the specific indications for each of them, and because the use of exercise kits and high-tech heating devices is not supported by evidence-based guidelines.