

Case Number:	CM14-0198199		
Date Assigned:	12/08/2014	Date of Injury:	09/16/2008
Decision Date:	01/20/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/25/2014

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 Internal 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 injured worker (IW) is a 74-year-old woman with a date of injury of September 16, 2008. The mechanism of injury was a slip and fall while going up the stairs, falling onto her left hand and arm. She sustained an injury to the left thumb. The current diagnosis is pain in joint of hand. She was seen by a surgeon and ultimately had 2 surgeries. She underwent a hemi-arthroplasty of the carpometacarpal joint of the left thumb in June 18, 2010. One October 20, 2010, she underwent volar plate reconstruction of the MP joint of the left thumb. She had to undergo hardware removal due to residual pain on December 10, 2010. Pursuant to the progress note dated October 15, 2014, the IW presents for a follow-up visit. There were no subjective complaints documented. Objective physical findings revealed diffuse muscular atrophy of the palmar surface of the hand, notable thenar and hypothenar atrophy. Arthritic changes are present in the left hand. The IW has completed 6 sessions of hand therapy, which were extremely beneficial. She received a hand brace for her left hand, which she wears at night to decrease pain. She continues to take Nabumetone with excellent benefit, particularly after therapy. She continues to use Diclofenac cream without side effect. The current request is for hone paraffin unit with lavender wax, extra small left ottobock splint, 4 rolls of beige spider tech tape, and appointment in the ■ office with H-wave representative for instruction on how to use her H-wave unit. The treating physician reports that the IW took her H-wave unit to physical therapy, but they were not able to instruct her on how to use it. At one time, she tried to contact the H-wave supplier so she could send the unit back. She has yet to use the machine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Paraffin unit with lavender wax: 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

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, Paraffin Wax Unit

Decision rationale: Pursuant to the Official Disability Guidelines, home paraffin unit with lavender wax is not medically necessary. The guide guidelines state home paraffin wax baths are recommended as an option for arthritic hands; is used as an adjunct to a program of evidence-based conservative care (exercise). Paraffin wax baths combined with exercises can be recommended for beneficial short-term effects are still arthritis. In this case, the injured workers working diagnosis is pain in the joint, hand. The injured worker underwent to hand surgeries in 2010 and the third one for hardware removal. There are no subjective/objective complaints for diagnoses compatible with osteoarthritis. Consequently, home paraffin unit with Lavender wax is not medically necessary.

Extra small left ottobock splint: 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

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, Splints, Immobilization

Decision rationale: Pursuant to the Official Disability Guidelines, the extra small left ottobock splint is not medically necessary. Splints are recommended for treating displaced fractures. Immobilization is standard for fracture healing although patient satisfaction is higher with splinting rather than casting. Immobilization is not recommended as a primary treatment for a displaced fractures or sprains but recommended for displaced fractures. See the Official Disability Guidelines for additional details. In this case, the injured worker's working diagnosis is pain in joint, hand. In this case, the provider requested an extra small left ottobock splint; however the documentation indicates the injured worker is using a hand brace on the left hand. The injured worker underwent to hand surgeries in 2010 and the third one for hardware removal. There is no discussion or clinical rationale as to whether this existing splint is providing the necessary symptom relief. Consequently, the documentation does not explain why the existing DME (durable medical equipment) is no longer appropriate despite the recommendation by the physical therapist. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, the extra small left ottobock splint is not medically necessary.

Four rolls of beige spider tech tape: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California /medical Policy Durable Medical Equipment

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; DME

Decision rationale: Pursuant to the Official Disability Guidelines, four roles of beige spider tech tape is not medically necessary. Durable medical equipment is recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. The criteria for DME are defined in the ODG. See the Official Disability Guidelines for details. In this case, the provider requested 4 roles of beige spider tech tape. The documentation does not contain a clinical indication or rationale for the specific/specialized tape. Absent the appropriate clinical documentation for the clinical indication or rationale, the DME is not medically necessary. Consequently, four roles of beige spider tech tape are not medically necessary.

Appointment in [REDACTED] office with H-wave representative on instructions for H-Wave use: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Office Visits

Decision rationale: Pursuant to the Official Disability Guidelines, appointment in [REDACTED] office with H Wave representative on instructions for H wave use is not medically necessary. Office visits are recommended as determined to be medically necessary. The need for an office visit with a healthcare provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. In this case, H wave unit was prescribed for the injured worker. The injured worker was having difficulty understanding and using the H wave unit. She took the unit to physical therapy to have the therapist explain how to work it. The therapist was unable to assist. The treating physician was unable to assist. Consequently, the treating physician arranged an appointment in [REDACTED] to meet with an H wave representative on instructions for H wave use. The requested instruction by an H wave representative is not a medically necessary service. Instructions with a rented unit should have been part of the rental. Consequently, an appointment in [REDACTED] with H wave representative on instructions for H wave use is not medically necessary.