

<b>Case Number:</b>	CM15-0160980		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	04/01/2013
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 is a 59 year old female who sustained an industrial injury on 4-1-2013. She has reported injury to the right hand and has been diagnosed with radial neuropathy and carpal tunnel syndrome. Treatment has included medications and a home exercise program. Bilateral elbow revealed no swelling or tenderness. FROM. Right wrist revealed no swelling. FROM. Right hand revealed no swelling. There was decreased sensation to light touch over the right index and thumb. The left hand had normal sensation to light touch. There was general weakness of extension of the right hand digits most prominently at the index. The treatment plan included pain management, MRI of the right elbow, and medications. The treatment request included a 5 in 1 all-purpose opener, jar pop, great grips 2 lever door knob gripper x 2, and therabath paraffin wax.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**5 in all purpose opener:** Overturned

**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 CG- DME-10.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg chapter, under Durable Medical Equipment.

**Decision rationale:** The patient presents on 07/15/15 with complaints related to her right medial radial nerve palsy. The patient's date of injury is 04/01/13. Patient is status post neuroplasty and tendon resection in the right upper extremity. The request is for 5 IN ALL PURPOSE OPENER. The RFA is dated 07/17/15. Physical examination dated 07/15/15 reveals decreased grip strength in the right hand, positive intrinsic tightness in the hand (especially in the third finger), mild residual numbness in the right fingertips, and mild triggering with a mass noted over the A1 pulley. The patient is currently prescribed Gabapentin, Norco, Methylprednisone, and Ibuprofen. Patient's current work status is not provided. ODG Wrist and Hand chapter does not address such a device. Though ODG Knee and Leg chapter, under Durable Medical Equipment has the following: Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Many assistive devices, such as electric garage door openers, microwave ovens, and golf carts, were designed for the fully mobile, independent adult, and Medicare does not cover most of these items. The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. In regard to the all purpose opener for this patient's continuing hand pain/paralysis, the request is appropriate. This patient presents with radial nerve palsy, which causes partial paralysis of the radial nerve and strongly impacts the ability to extend the wrist. Such devices are designed specifically for patients with disabilities which make such tasks as opening cans extremely difficult. This and the associated items are low cost adjuncts designed to improve this patient's daily function and quality of life, and could produce significant benefits. Therefore, the request IS medically necessary.

**Jar pop:** Overturned

**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 CG- DME-10.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg chapter, under Durable Medical Equipment.

**Decision rationale:** The patient presents on 07/15/15 with complaints related to her right medial radial nerve palsy. The patient's date of injury is 04/01/13. Patient is status post neuroplasty and tendon resection in the right upper extremity. The request is for JAR POP. The RFA is dated 07/17/15. Physical examination dated 07/15/15 reveals decreased grip strength in the right hand, positive intrinsic tightness in the hand (especially in the third finger), mild residual numbness in the right fingertips, and mild triggering with a mass noted over the A1 pulley. The patient is currently prescribed Gabapentin, Norco, Methylprednisone, and Ibuprofen. Patient's current work status is not provided. ODG Wrist and Hand chapter does not address such a device. Though ODG Knee and Leg chapter, under Durable Medical Equipment has the following: Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed-or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Many assistive devices, such as electric garage door openers, microwave ovens, and golf carts, were designed for the fully mobile, independent adult, and Medicare does not cover most of these items. The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. In regard to the "jar pop" opener for this patient's continuing hand pain/paralysis, the request is appropriate. This patient presents with radial nerve palsy, which causes partial paralysis of the radial nerve and strongly impacts the ability to extend the wrist. Such devices are designed specifically for patients with disabilities which make such tasks as opening jars extremely difficult. This and the associated items are low cost adjuncts designed to improve this patient's daily function and quality of life, and could produce significant benefits. Therefore, the request IS medically necessary.

**Great grips 2 lever door knob gripper x 2:** Overturned

**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 CG- DME-10.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg chapter, under Durable Medical Equipment.

**Decision rationale:** The patient presents on 07/15/15 with complaints related to her right medial radial nerve palsy. The patient's date of injury is 04/01/13. Patient is status post neuroplasty and tendon resection in the right upper extremity. The request is for GREAT GRIPS 2 LEVEL

DOOR KNOB GRIPPER. The RFA is dated 07/17/15. Physical examination dated 07/15/15 reveals decreased grip strength in the right hand, positive intrinsic tightness in the hand (especially in the third finger), mild residual numbness in the right fingertips, and mild triggering with a mass noted over the A1 pulley. The patient is currently prescribed Gabapentin, Norco, Methylprednisone, and Ibuprofen. Patient's current work status is not provided. ODG Wrist and Hand chapter does not address such a device. Though ODG Knee and Leg chapter, under Durable Medical Equipment has the following: Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Many assistive devices, such as electric garage door openers, microwave ovens, and golf carts, were designed for the fully mobile, independent adult, and Medicare does not cover most of these items. The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. In regard to the door grip for this patient's continuing hand pain/paralysis, the request is appropriate. This patient presents with radial nerve palsy, which causes partial paralysis of the radial nerve and strongly impacts the ability to extend the wrist. Such devices are designed specifically for patients with disabilities which make such tasks as opening doors extremely difficult. This and the associated items are low cost adjuncts designed to improve this patient's daily function and quality of life, and could produce significant benefits. Therefore, the request IS medically necessary.

**Therabath paraffin 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.

**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 Hand (Acute & Chronic) chapter under Paraffin Wax baths.

**Decision rationale:** The patient presents on 07/15/15 with complaints related to her right medial radial nerve palsy. The patient's date of injury is 04/01/13. Patient is status post neuroplasty and tendon resection in the right upper extremity. The request is for THERABATH PARAFFIN WAX. The RFA is dated 07/17/15. Physical examination dated 07/15/15 reveals decreased grip strength in the right hand, positive intrinsic tightness in the hand (especially in the third finger), mild residual numbness in the right fingertips, and mild triggering with a mass noted over the A1 pulley. The patient is currently prescribed Gabapentin, Norco, Methylprednisone, and Ibuprofen. Patient's current work status is not provided. ODG Forearm, Wrist Hand (Acute & Chronic)

chapter under Paraffin Wax baths states: 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 regard to the request for a paraffin wax bath, this patient does not meet guideline criteria for such a treatment. This patient presents with carpal tunnel syndrome and hand pain secondary to radial nerve entrapment, and does not present with complaints or symptoms indicative of arthritis or rheumatism in the hands. Without complaints or physical examination findings suggestive of hand arthritis, or a formal diagnosis of arthritis, the requested Paraffin wax bath cannot be substantiated. Therefore, the request IS NOT medically necessary.