

<b>Case Number:</b>	CM15-0195113		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	03/30/2012
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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 38 year old female who sustained an industrial injury on March 30, 2012. A recent primary treating office visit dated August 27, 2015 reported urine toxicology negative for Opiates. There is note of subjective complaint of right shoulder pain and upset stomach. She is now participating in aquatic therapy. The worker is diagnosed with right shoulder pain. At follow up dated August 11, 2015, the plan of care noted: right shoulder subacromial injection; aquatic therapy; heating pad and right third finger splint, and consultations to pain management and orthopedist. Subjective complaint noted: Right shoulder constant pain with decreased strength and difficulty with ADLs. She also complains of bilateral leg weakness when walking up stairs and sometimes right hip doesn't want to turn or rotate externally. Primary follow up dated June 04, 2015 reported "right shoulder pain." There is note of consulting doctor recommending surgery. Again, urine toxicology noted negative for Opiates. There is refill of Voltaren gel, Flexeril, and Anaprox. On September 11, 2015 a request was made for heating pad and right third finger splint that was non-certified by Utilization Review on September 21, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Heating pad:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic Chapter, under Cold/heat packs.

**Decision rationale:** The patient presents with right shoulder, right arm, right long finger, and right hip pain. The request is for heating pad. The request for authorization is dated 08/11/15. Provided medical records are handwritten with minimal information and difficult to read. Patient's diagnoses include right shoulder internal derangement; right arm strain; right hand strain; right hip strain. Sensory examination reveals sensation all intact. Patient states that physical therapy doesn't help. Per progress report dated 08/11/15, the patient to remain off-work. ODG Guidelines, Low Back - Lumbar & Thoracic Chapter, under Cold/heat packs Section states, "Recommended as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs." Treater does not discuss the request. The patient continues with shoulder, arm, finger and hip pain. ODG guidelines recommend Heating Pad for acute low back conditions. In this case, the patient does not present with acute low back pain, as indicated by ODG guidelines for a Heating Pad. Therefore, the request IS NOT medically necessary.

**Right 3rd finger splint:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Chronic Pain Medical Treatment 2009.

**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 Splints.

**Decision rationale:** The patient presents with right shoulder, right arm, right long finger, and right hip pain. The request is for right 3rd finger splint. The request for authorization is dated 08/11/15. Provided medical records are handwritten with minimal information and difficult to read. Patient's diagnoses include right shoulder internal derangement; right arm strain; right hand strain; right hip strain. Sensory examination reveals sensation all intact. Patient states that physical therapy doesn't help. Per progress report dated 08/11/15, the patient to remain off-work. ODG Guidelines, Forearm, Wrist, & Hand (Acute & Chronic) Chapter under Splints states: "Recommended for treating displaced fractures. Immobilization is standard for fracture healing although patient satisfaction is higher with splinting rather than casting. Treating fractures of the distal radius with casting versus splinting has no clinical difference in outcome. Mallet finger: treatment commonly involves splinting of the finger for six or more weeks. Following tendon repair: Recovery of finger function after primary extensor tendon repair depends on the complexity of trauma and the anatomical zone of tendon injury. Arthritis: A recent randomized controlled study concluded that prefabricated wrist working splints are highly effective in reducing wrist pain after 4 weeks of splint wearing in patients with wrist arthritis." Treater does not discuss the request. In this case, the patient continues with right long finger pain. However, there are no exam findings showing any anatomic issues with the third finger. 8/11/15 reports only mentions intact sensory findings but exam findings for the third digit. As it is, it is not known why the treater has prescribed the splint. Review of the Utilization Review letter does not provide any additional information. ODG guidelines recommend the use of splints for fractures, mallet finger, following tendon repair, or arthritis. However, treater does not discuss or document the patient presenting with any of these conditions to warrant a finger splint. Therefore, the request IS NOT medically necessary.