

Case Number:	CM15-0201380		
Date Assigned:	10/16/2015	Date of Injury:	01/01/2013
Decision Date:	12/23/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/13/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 41 year old male, who sustained an industrial injury on 1-1-13. He reported pain in the neck, lower back, right hand, and right wrist. The injured worker was diagnosed as having avascular necrosis of the right wrist. Treatment to date has included 3 sessions of physical therapy, shockwave therapy, acupuncture, 3 epidural injections, and medication including topical compounds, Terocin patches, Cyclobenzaprine, and Naproxen. On 8-11-15 the treating physician noted the following difficulties with activities of daily living: grooming, brushing hair, reaching, and driving. Physical examination findings on 5-22-15 included right wrist tenderness with radial deviation. Right wrist range of motion was decreased and a median nerve Tinel's test was positive. Bracelet test, Finkelstein's test, and Phalen's sign were positive for the right wrist. The injured worker had been using Terocin patches since at least January 2015. On 5-22-15 the injured worker had complaints of right wrist tenderness. On 5-22-15 the treating physician requested authorization for a hot-cold unit for the right wrist, Terocin patches #30, a paraffin wax bath with supplies for the right wrist x4 weeks, and an ultrasound unit purchase for the right wrist. On 9-14-15 the requests were non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot/cold unit for the right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, and Hand, Cold packs and exercises.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods.

Decision rationale: Per ACOEM in the MTUS, physical therapeutic interventions recommended include at-home local applications of cold in first few days of acute complaint, thereafter applications of heat or cold. This does not require the use of any special equipment other than what is readily available over the counter and therefore the request for hot and cold unit is not medically necessary.

Terocin patches (#30): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed therefore the request for Terocin patches (#30) is not medically necessary.

Paraffin wax bath with supplies for 4 weeks for the right wrist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand, Paraffin wax baths.

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 hands / Paraffin wax baths.

Decision rationale: The MTUS did not specifically address the use of paraffin wax baths, therefore other guidelines were consulted, Per the ODG "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 exercises can be recommended for beneficial short-term effects for arthritic hands. These conclusions are limited by methodological considerations such as the poor quality of trials." (Robinson-Cochrane, 2002) Based on the injured workers clinical presentation the use of paraffin wax bath is appropriate, therefore the request for Paraffin wax bath with supplies for 4 weeks for the right wrist is medically necessary.

Ultrasound unit purchase for the right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Hand, and Wrist, Ultrasound (therapeutic).

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 / Ultrasound (therapeutic).

Decision rationale: The MTUS did not discuss the use of therapeutic ultrasound, therefore other guidelines were consulted. Per the ODG "Not recommended. In a Cochrane Database review, there was only weak evidence of a short-term benefit of therapeutic ultrasound for distal radial fractures. (Handoll-Cochrane, 2002) For arthritic hands, there is no significant benefit from therapeutic ultrasound for all the outcomes measured after 1, 2 or 3 week(s) of treatment. (Robinson-Cochrane, 2002) In this RCT, adding ultrasound therapy to splinting was not superior to splinting alone. (Yildiz, 2011) A review of the injured workers medical records did not reveal a clear rationale for the use of this treatment modality, therefore based on the guidelines the request for Ultrasound unit purchase for the right wrist is not medically necessary.