

Case Number:	CM15-0023243		
Date Assigned:	02/12/2015	Date of Injury:	11/02/2013
Decision Date:	04/02/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/06/2015

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: 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:

This 36 year old male sustained an industrial injury on 11/2/13. The injured worker had a partial right thumb amputation. He subsequently reports right thumb pain. Treatment to date has included massage, acupuncture, chiropractic care and prescription medications. On 1/16/15, Utilization Review non-certified a request for Retro aqua relief system, purchase, right hand and wrist, Retro exercise rehab kit, purchase, right hand and wrist and Retro paraffin bath, 4 week rental, right hand and wrist. The requests were denied based on MTUS, ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro aqua relief system, purchase, right hand and wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand, Cold packs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Forearm, Wrist, & Hand (Acute & Chronic), (Not including Carpal Tunnel Syndrome), Cold packs.

Decision rationale: The Official Disability Guidelines recommend at-home local applications of cold packs first few days of acute complaints; thereafter, applications of heat packs. Rotating cryotherapy followed by heat therapy using a machine is not recommended. Retro aqua relief system, purchase, right hand and wrist is not medically necessary.

Retro exercise rehab kit, purchase, right hand and wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand, Exercises.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross Clinical UM Guideline, Durable Medical Equipment, Guideline #: CG-DME-10, Last Review Date: 02/13/2014.

Decision rationale: The MTUS and the Official Disability Guidelines are silent on this issue. According to the Blue Cross Clinical UM Guideline, health club memberships, workout equipment, charges from a physical fitness or personal trainer, or any other charges for activities, equipment, or facilities used for physical fitness, even if ordered by a doctor are not medically necessary. Retro exercise rehab kit, purchase, right hand and wrist is not medically necessary.

Retro paraffin bath, 4 week rental, right hand and 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 (ODG), 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 Paraffin wax baths Forearm, Wrist, & Hand (Acute & Chronic).

Decision rationale: 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. No long-term functional improvement is expected from the use of paraffin baths. Evidence of functional improvement is required for a treatment modality to be medically necessary. In addition, the patient does not carry a diagnosis of arthritic hands. Retro paraffin bath, 4 week rental, right hand and wrist is not medically necessary.