

Case Number:	CM15-0218052		
Date Assigned:	11/09/2015	Date of Injury:	10/04/2014
Decision Date:	12/21/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/05/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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(n) 51 year old male, who sustained an industrial injury on 10-4-14. The injured worker was diagnosed as having closed fracture of the right metacarpal bones. Subjective findings (9-23-15) indicated 4 out of 10 pain in the right hand that increases to 10 out of 10 with grasping. Objective findings (9-23-15) revealed inability to close fist by 30% with intense pain. As of the PR2 dated 10-16-15, the injured worker reports 5 out of 10 pain in the right hand that increases with active range of motion and grasping. Objective findings include inability to close fist by 30% with intense pain. Treatment to date has included a TENS unit, an EMG-NCS of the upper extremities on 7-31-15 with normal results, physical therapy for the bilateral hands x 24 sessions, Norco and Gabapentin. The Utilization Review dated 10-23-15, non-certified the request for a paraffin wax right hand and a Thera cane.

IMR ISSUES, DECISIONS AND RATIONALES

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

One paraffin wax right hand: Overturned

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, & Hand (Acute & chronic) Paraffin wax baths (updated 6/29/15).

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), Paraffin wax baths.

Decision rationale: The claimant sustained a work injury in October 2014 as the result of a truck accident. Injuries included a 5th metacarpal shaft fracture due to deployment of the airbag. He had ORIF with hardware removal done in December 2014. He had occupational therapy and completed 24 treatments as of 03/31/15 with therapeutic content including paraffin treatments. In August 2015 he had thoracic pain and trigger point injections were being considered. In September 2015 there was cervical spine tenderness with radiating symptoms to the shoulders. When seen by the requesting provider in October 2015 he had pain rated at 5/10. He was still unable to close his fist more than 90%. He was using TENS daily with reported relief of pain and muscle spasms. He was depressed with his slow progress. He had constant neck, back, and right hand pain. He reported a more than 80% loss in performing activities of daily living. Physical examination findings included tenderness and he was unable to close his fist more than 30% without intense pain. A paraffin wax treatment was performed with no change in pain level. Recommendations included continued use of TENS. Authorization is being requested for a TheraCane. There are many forms of heat therapy with varying penetration depths. Paraffin wax treatment can be effective for superficially located pain such as arthritic pain involving the hands and fingers. In this case, the claimant had pain and a contracture limiting his hand range of motion and function. A single treatment was provided and efficacy was assessed afterwards. If it had been effective a home paraffin unit would have been a good adjunct to a home exercise program. The treatment provided was medically necessary.

Thera Cane: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines Low Back-Lumbar & Thoracic (Acute & Chronic), Massage.

Decision rationale: The claimant sustained a work injury in October 2014 as the result of a truck accident. Injuries included a 5th metacarpal shaft fracture due to deployment of the airbag. He had ORIF with hardware removal done in December 2014. He had occupational therapy and completed 24 treatments as of 03/31/15 with therapeutic content including paraffin treatments. In August 2015 he had thoracic pain and trigger point injections were being considered. In September 2015 there was cervical spine tenderness with radiating symptoms to the shoulders. When seen by the requesting provider in October 2015 he had pain rated at 5/10. He was still unable to close his fist more than 90%. He was using TENS daily with reported relief of pain and muscle spasms. He was depressed with his slow progress. He had constant neck, back, and right hand pain. He reported a more than 80% loss in performing activities of daily living. Physical examination findings included tenderness and he was unable to close his fist more than 30%

without intense pain. A paraffin wax treatment was performed with no change in pain level. Recommendations included continued use of TENS. Authorization is being requested for a TheraCane. A Theracane is used for deep pressure massage over areas that are difficult to access such as the mid and upper back. Guidelines recommend massage as an option in conjunction with a recommended exercise program. In this case, the claimant has chronic thoracic and neck pain and right hand limitations that would reasonably be expected to limit his ability to perform self-massage without use of the requested device. A trial of Theracane use would be appropriate. However, providing a Theracane without demonstrating that the claimant would be able to use the device or potentially benefit from it cannot be accepted as being medically necessary.