

Case Number:	CM15-0087127		
Date Assigned:	05/11/2015	Date of Injury:	01/06/2014
Decision Date:	06/22/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/06/2015

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: 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 22 year old female with an industrial injury dated 01/06/2014. Her diagnoses included enthesopathy of wrist and carpus, right wrist pain, right hand joint pain, unspecified arthropathy of hand and pain in joint involving thumb. Prior treatments included medications (muscle relaxants and pain creams.) She presents on 03/11/2015 with complaints of constant severe sharp right wrist pain radiating to right shoulder and right elbow. She stated the pain was aggravated by cold weather, repetitive movement, prolonged grabbing, grasping, gripping and squeezing. She also complained of sharp severe pain in right hand and sharp right thumb pain. She noted the above were relieved with medication and rest. Objective findings included pain of the right wrist with grip strength testing. Right wrist range of motion was decreased and painful. There was tenderness to palpation of the palmar aspect of the right hand. The right thumb was not tender to palpation. Treatment plan included a request for opioid pain medication, pain creams, urine toxicology and aqua relief system for swelling and pain for right wrist/hand due to ongoing, constant weakness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic relief system for the right wrist and hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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), Cold/heat packs.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for right wrist and hand pain. When seen, pain was rated at 8/10. Physical examination findings included decreased and painful range of motion. There was tenderness over the palm and decreased grip strength. An Aqua Relief System is an automatic hot / cold pump used with fitted wraps for treating pain involving the hands or feet. In terms of thermal modalities, the use of heat and ice are low cost as at-home applications, have few side effects, and are noninvasive. The at-home application of heat or cold packs is recommended. However, in this case, simple, low-tech thermal modalities would meet the claimant's needs. An Aqua Relief System is not medically necessary.