MAXIMUS Federal Services

Case Number:	CM14-0114419		
Date Assigned:	08/01/2014	Date of Injury:	08/01/2012
Decision Date:	10/16/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is Board Certified in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 52-year-old male who developed cumulative trauma injuries during the course of his employment from August 1, 2011 to August 1, 2012. The injured worker is being seen the treating physician for periodic evaluation and management. On January 29, 2014, the injured worker complained of ongoing pain in his right shoulder. He reported that cortisone injection to the trigger fingers of his left hand failed to resolve his pain and catching. Examination of the right shoulder revealed tenderness over the acromioclavicular joint and biceps tendon groove, restricted range of motion, as well as positive Hawkins and Neer tests. Triggering of the left third and fourth digits was also evident. The injured worker was reevaluated on February 26, 2014 and March 26, 2014. His right shoulder was improving with therapy. Flexion and abduction ranges of motion of the right shoulder had improved. Triggering of the left third and fourth digits was still notable. On April 30, 2014, the injured worker reported that he was packing boxes repetitively and was constantly carrying objects weighing about 30 pounds when he developed numbness and tingling sensation in his left middle and ring fingers that subsequently lead to locking-up and catching with pain in the joints of his left fingers. Examination of his hands revealed positive bilateral tenderness, decreased bilateral flexion and extension of the fingers, which was more pronounced in on the left side especially in his left middle and ring fingers. Triggering of the third and fourth digits of the bilateral hands was also noted. In his follow-up visit on June 4, 2014, the injured worker complained of pain and catching of his middle and ring fingers of the left hand. Objective findings revealed tenderness over the proximal pulley of the middle and ring fingers of the left hand as well as locking and catching of the digits. The injured worker was seen for comprehensive medical-legal reevaluation on April 8, 2014. The injured worker complained of discomfort in his subacromial area. He also complained of constant pain in the palmar aspect of his metacarpophalangeal joint

of the middle and ring fingers of the left hand with intensity of 5/10 that increased to 9/10 with gripping. He also noted loss of grip strength in both hands as well as daily triggering of his middle and ring fingers. On examination of the shoulders, little tenderness was noted over the right acromioclavicular joint and improvement in the range of motion of the right shoulder was noted. Examination of the wrists and hands revealed a mallet finger in the distal interphalangeal joint of the right little finger. Trigger of the ringers of his right hand was also noted. The injured worker was examined on June 6, 2014 and determined that the injured worker's diabetes mellitus type 2 was out of control based on his Hemoglobin which revealed a result of 13.6 as compared to normal score of six. Due to the injured worker's markedly elevated blood sugar which may cause poor healing postoperatively, it was recommended that the elective surgical intervention to the left middle and ring trigger fingers be postponed until the injured worker's diabetes is under better control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-Tech Cold Therapy x 35 trial: 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), Forearm, Wrist & Hand, Cold Packs

Decision rationale: There was no clear evidence to support the necessity and efficacy of Q-tech cold therapy over conventional application of cold and hot packs in addressing post-operative pain and swelling. According to the ODG TWC, it recommends at-home local applications of cold packs first few days of acute complaints and thereafter applications of heat packs. Therefore, the request is not medically necessary.

Half Arm Wrap Purchase: 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), Forearm, Wrist & Hand, Cold Packs

Decision rationale: There was no clear evidence to support the necessity and efficacy of Q-tech cold therapy with half arm wrap purchase over conventional application of cold and hot packs in addressing post-operative pain and swelling. According to the ODG TWC, it recommends at-home local applications of cold packs first few days of acute complaints and thereafter applications of heat packs. Therefore, the request is not medically necessary.

University Therapy Wrap: 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), Forearm, Wrist & Hand, Cold Packs

Decision rationale: There was no clear evidence to support the necessity and efficacy of Q-tech cold therapy with universal therapy wrap over conventional application of cold and hot packs in addressing post-operative pain and swelling. According to the ODG TWC, it recommends at-home local applications of cold packs first few days of acute complaints and thereafter applications of heat packs. Therefore, the request is not medically necessary.

Pro-Sling: 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), Forearm, Wrist & Hand, Casting versus Splints

Decision rationale: Use of sling is not considered as a post-operative treatment for trigger finger release. The ODG TWC specifies that Mason type I radial head fractures are the ones treated with a sling as needed for comfort. Therefore, the request is not medically necessary.