

<b>Case Number:</b>	CM14-0125566		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	02/19/2013
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 Family Medicine and is licensed to practice in North Carolina. 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 has a reported date of injury of 02/19/2013. The injured worker has the diagnoses of de Quervain's tenosynovitis. The injured worker has undergone right first dorsal compartment release on 11/01/2103. Past treatment modalities have also included physical therapy, acupuncture and splinting. Per the progress notes provided by the treating physician dated 05/20/2014, the injured worker had complaints of constant pain and discomfort in the right wrist with difficulty grasping and holding. The physical exam noted positive Phalen's and Finkelstein's test on the right. Treatment plan recommendations included continuation of medication, request for revision for right wrist de Quervain's revision surgery, request for acupuncture and request for home exercise kit for the right wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Solar Care Heating System with Supplies (Rental or Purchase): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines - Forearms, Wrist and Hand Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

**Decision rationale:** The ACOEM chapter on forearm, wrist and hand complaints states the following concerning heat treatments for wrist injuries: Physical modalities, such as massage, diathermy, cutaneous laser treatment, "cold" laser treatment, transcutaneous electrical neurostimulation (TENS) units, and biofeedback have no scientifically proven efficacy in treating acute hand, wrist, or forearm symptoms. Limited studies suggest there are satisfying short- to medium-term effects due to ultrasound treatment in patients with mild to moderate idiopathic CTS, but the effect is not curative. Patients' at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. There is no documentation that this injured worker has failed home applied heat packs. There is no rationale or justification provided why the requested service would be needed over simple heat packs. For these reasons the request is not medically necessary. There is no documentation that this patient has failed home applied heat packs. There is no rationale or justification provided why the requested service would be needed over simple heat packs. For these reasons the request is not certified.

**Pro Wrist Support:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

**Decision rationale:** The ACOEM chapter on forearm, wrist and hand complaints states in table 11-7 that splinting is a first line recommendation in the treatment of de Quervain's tenosynovitis. The injured worker has ongoing wrist pain and the before mentioned diagnosis. Since the requested service is a first line recommendation for the treatment of the injured worker's wrist pain and diagnoses, the request is medically necessary and appropriate.