

<b>Case Number:</b>	CM14-0099767		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	11/02/2012
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Utah. 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 patient is a 28 year-old female. The patient's date of injury is 11/2/2012. The mechanism of injury was a cut to her right thumb. The patient has been diagnosed with pain in the medial aspect of the right 5th (fifth and 1st stated and used interchangeably) finger, onychomycosis, and sprain of the finger. The patient's treatments have included solar cane system, bracing, and imaging studies (unclear if completed, there are no results found in the clinical documents). The physical exam findings, dated 06/09/2014 (partially illegible) show the right finder tender with a moist and greenish color of fungus (partially illegible). There is no documentation that states the patient was started on any medications, only referrals to surgeons and imaging.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ARS Pad/Wrap Between 6/9/14 and 8/3/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Upper Extremity, Summary of Recommendations Page(s): 181-183. Decision based on Non-MTUS Citation (ODG) Cold / Heat Packs.

**Decision rationale:** There is no indication for a hot/cold therapy unit in the treatment of finger pain. According to the clinical documentation provided and current MTUS guidelines; ARS Hot/Cold Compression Unit and components, including pads, electrodes, batteries, and set up, are not indicated as a medical necessity to the patient at this time.

**Interferential Stimulator Unit Between 6/9/14 and 8/3/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for an Interferential Stimulator Unit. The unit is not indicated as an isolated intervention. There is also no indication for an Interferential Stimulator for finger pain. Therefore, Interferential Stimulator Unit Between 6/9/14 and 8/3/14 is not medically necessary and appropriate.

**Electrodes with 10 Refills Between 6/9/14 and 8/3/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Upper Extremity, Summary of Recommendations Page(s): 181-183. Decision based on Non-MTUS Citation (ODG) Cold / Heat Packs.

**Decision rationale:** There is no indication for a hot/cold therapy unit in the treatment of finger pain. According to the clinical documentation provided and current MTUS guidelines; ARS Hot/Cold Compression Unit and components, including pads, electrodes, batteries, and set up, are not indicated as a medical necessity to the patient at this time.

**Batteries with 10 Refills Between 6/9/14 and 8/3/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Upper Extremity, Summary of Recommendations Page(s): 181-183. Decision based on Non-MTUS Citation (ODG) Cold / Heat Packs.

**Decision rationale:** There is no indication for a hot/cold therapy unit in the treatment of finger pain. According to the clinical documentation provided and current MTUS guidelines; ARS Hot/Cold Compression Unit and components, including pads, electrodes, batteries, and set up, are not indicated as a medical necessity to the patient at this time.

**Set Up and Delivery Between 6/9/14 and 8/3/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Upper Extremity, Summary of Recommendations Page(s): 181-183. Decision based on Non-MTUS Citation Guidelines (ODG) Cold / Heat Packs.

**Decision rationale:** There is no indication for a hot/cold therapy unit in the treatment of finger pain. According to the clinical documentation provided and current MTUS guidelines; ARS Hot/Cold Compression Unit and components, including pads, electrodes, batteries, and set up, are not indicated as a medical necessity to the patient at this time.

**ARS Hot/Cold Compression Unit Between 6/9/14 and 8/3/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Upper Extremity, Summary of Recommendations Page(s): 181-183. Decision based on Non-MTUS Citation (ODG) Cold / Heat Packs.

**Decision rationale:** There is no indication for a hot/cold therapy unit in the treatment of finger pain. According to the clinical documentation provided and current MTUS guidelines; ARS Hot/Cold Compression Unit and components, including pads, electrodes, batteries, and set up, are not indicated as a medical necessity to the patient at this time.