

Case Number:	CM15-0118430		
Date Assigned:	06/26/2015	Date of Injury:	09/20/2013
Decision Date:	08/25/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/19/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

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 42 year old male, who sustained an industrial injury on 9/20/2013. The mechanism of injury was injury from an all-terrain vehicle rolling over and landing on his right hand. The current diagnoses are right wrist strain, right carpal tunnel syndrome, crush injury, status post right laceration and repair. According to the progress report on 3/3/2015, the injured worker complains of right wrist/hand pain. The pain is rated 5/10 on a subjective pain scale. No objective findings were noted. Functional status was documented as "improved" since last examination. The current medication list was not available for review. Treatment to date has included medication management, x-rays, brace, 42 physical therapy sessions, 24 acupuncture sessions, electrodiagnostic testing (positive for bilateral carpal tunnel syndrome), cortisone injection, and surgical intervention. Work status: the injured worker is to return to modified duty. A request for Voltaren gel and infrared heating system has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME purchase of Solar Care Far Infrared (FIR) heating system: 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) wrist - Heat therapy.

Decision rationale: The CA MTUS Chronic Pain, ACOEM, and Official Disability Guidelines are silent regarding infrared heating. Treatment with at-home local applications of cold packs first few days of acute complaints; thereafter, applications of heat therapy. There is no documentation of the IW trying hot packs at home and outcome of such therapy. Without this information and without rationale for the need for infrared heating versus hot packs the request for infrared heating system is not medically necessary.

Voltaren Gel 1% #1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are recommended as an option. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. FDA-approved agents: Voltaren Gel 1% (Diclofenac): Indicated for relief of osteoarthritis pain in joints that lends themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). In this case, there is clear documentation of functional benefit and improvement as a reduction in work restrictions. According to documentation, the injured worker was to return to modified duty as of 3/3/2015. Additionally, documentation indicated that his functional status "improved" since last examination. Therefore, based on MTUS guidelines and submitted medical records, the request for Voltaren gel is medically necessary.