

Case Number:	CM13-0002737		
Date Assigned:	08/27/2014	Date of Injury:	02/19/2013
Decision Date:	09/29/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	07/23/2013

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 Practice and is licensed to practice in Texas and Georgia. 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 49-year-old female who reported an injury of unknown mechanism on 02/19/2013. On 06/20/2013, her diagnoses included subacute traumatic moderate repetitive cervical spine sprain/strain, subacute traumatic moderate repetitive bilateral shoulder sprain/strain; rule out ligamentous injury, subacute traumatic moderate repetitive bilateral elbow sprain/strain; rule out ligamentous injury/tenosynovitis, and subacute traumatic moderate repetitive bilateral wrist sprain/strain; rule out carpal tunnel syndrome/tenosynovitis. Her complaints included neck pain rated at 8/10, right shoulder pain rated at 8/10, left shoulder pain rated at 6/10 to 7/10, right elbow pain rated at 8/10, left elbow pain rated at 6/10 to 7/10, right wrist pain rated at 8/10 to 9/10, and left wrist pain rated at 6/10 to 7/10. Upon examination of the cervical spine, she had a positive foraminal compression test and a positive distraction test. In both the right and left shoulder, she had positive Yergason's tests and Apley's scratch tests. In both elbows, she had positive Tinel's signs and positive Cozen's signs. In both wrists, she had positive Phalen's tests, Finkelstein's tests, and Prayer's tests. In the treatment plan, it was noted that this injured worker was instructed to make use of an electric nerve stimulator, bilateral wrist brace, and cervical pillow. She was also instructed to exercise at home using a shoulder home exercise kit. The rationale was, that following that treatment plan will not only accelerate recovery, but will also reduce her need for office visits and medications to provide comfort, thereby allowing her to be self-dependent at home. A Request for Authorization for the Transcutaneous Electrical Nerve Stimulation (TENS) unit only was included in this chart, dated 06/20/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Pillow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES NECK AND UPPER BACK.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Durable medical equipment (DME).

Decision rationale: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG), Knee & Leg, Durable medical equipment (DME). The Expert Reviewer's decision rationale: Per the Official Disability Guidelines, "durable medical equipment (DME) is recommended generally if there is a medical need and if the device or system meets Medicare's definition of DME, defined as equipment which can withstand repeated use (for example, could normally be rented and used by successive patients) and is primarily and customarily used to serve a medical purpose." The medical need for a cervical pillow has not been clearly demonstrated in the submitted documentation. Therefore, this request for cervical pillow is not medically necessary.

Tens unit 1 month rental with supplies: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, TENS, (transcutaneous electrical nerve stimulation), page 114-116. The Expert Reviewer's decision rationale: The California MTUS Guidelines recommend that a "1 month TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence based functional restoration for chronic neuropathic pain, phantom limb pain, CRPS-2, and spasticity in multiple sclerosis." Additionally, a treatment plan including the specific short and long term goals of treatment with the TENS unit should be submitted. This worker does not have any of the above diagnoses. The clinical records submitted for review failed to provide documentation of objective functional benefit and objective decrease in pain that was expected in the form of a treatment plan. Also, the request as submitted failed to indicate the type and quantity of supplies being requested. The clinical information submitted failed to meet the evidence based guidelines for a TENS unit. Therefore, this request for TENS unit 1 month rental with supplies is not medically necessary.

Bilateral wrist brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 283-285.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 11 Forearm, Wrist, and Hand Complaints, page 283-285. The Expert Reviewer's decision rationale: The California ACOEM Guidelines recommend the "use of functional bracing or splinting to allow mobilization of the radial carpal joint while maintaining stabilization in acute distal forearm fractures. As there are no direct comparisons between types of functional bracing, no specific recommendation can be made as to which, if any, technique is superior." There was no evidence in the submitted documentation that this injured worker had bilateral forearm fractures. Additionally, the request did not specify whether these were to be custom-made braces or over-the-counter braces. Furthermore, a size was not specified in the request. The need for bilateral wrist braces was not clearly demonstrated in the submitted documentation. Therefore, this request for bilateral wrist braces is not medically necessary.