

Case Number:	CM13-0013757		
Date Assigned:	09/27/2013	Date of Injury:	03/04/2013
Decision Date:	01/22/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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 who sustained bilateral wrist injuries on 03/04/13. Clinical records documented that the claimant reported repetitive use injuries as a result of typing. She was initially diagnosed with bilateral epicondylitis medially at the elbow as well as bilateral carpal tunnel syndrome. Bilateral wrists radiographs from 06/17/13 showed a positive ulnar variance with a MRI scan performed in June of 2013 of the right wrist showing avascular necrosis of the ulnar articular surface of the lunate. The claimant continued to be treated conservatively with medications, injections, splinting, and activity modifications. The last clinical assessment for review by [REDACTED] on 08/06/13 showed subjective complaints of dullness and pain about the right elbow with weakness. Physical examination demonstrated positive Phalen's and Tinel's tests bilaterally at the wrists with +3 tenderness to palpation over the dorsal aspect of the right wrist. She continued with a diagnosis of a right wrist ganglion cyst as well as avascular necrosis of the ulnar articular surface of the lunate. Treatment plan at that time was for home exercises, antiinflammatory agents, as well as a bone growth stimulator for her apparent diagnosis of avascular necrosis (AVN).

IMR ISSUES, DECISIONS AND RATIONALES

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

One bone stimulator purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability Guidelines, Forearm, Wrist & Hand Chapter, Online edition Bone growth stimulators, electrical.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG), knee procedure: Bone growth stimulators, electrical.

Decision rationale: