

Case Number:	CM13-0018556		
Date Assigned:	10/11/2013	Date of Injury:	03/26/2013
Decision Date:	05/20/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/29/2013

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 Occupational Medicine 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 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The applicant is a represented [REDACTED] employee who has filed a claim for a crush injury of the hand and wrist reportedly sustained on March 26, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; MRI imaging of the injured wrist of June 14, 2013, notable for a central TFCC tear; and unspecified amounts of physical therapy. In a Utilization Review Report of August 20, 2013, the claims administrator denied a request for a Vital wrist wrap system. The applicant's attorney subsequently appealed. In a clinical progress note of June 10, 2013, the applicant was described as using Vicodin and Naprosyn for pain relief following a wrist sprain/contusion injury. On July 15, 2013, the applicant was described as reporting persistent wrist pain with associated insomnia, anxiety, and depression. Flexeril, Naprosyn, Prilosec, extended release Tramadol, and topical compounds were endorsed, along with physical therapy, acupuncture, and a hand surgery consultation. In a June 17, 2013 progress note, the attending provider sought authorization for functional capacity testing, acupuncture, electrodiagnostic testing, and extracorporeal shockwave therapy, along with the proposed Vital wrap system for the applicant's crush injury of the hand and wrist. The applicant was described as no longer working as of that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: VITAL WRAP SYSTEM: 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): 265.

Decision rationale: The Expert Reviewer's decision rationale: Based on the product description, the Vital wrap appears to represent a high-tech means of delivering hot and cold therapy. However, as noted in the MTUS-adopted ACOEM Practice Guidelines in Chapter 11, page 265, applicant's at-home application of heat and cold packs are as effective as those performed by therapist or, by implication, those delivered via high-tech means. In this case, the attending provider has not furnished any compelling applicant-specific rationale or narrative which would offset the unfavorable ACOEM recommendation. Accordingly, the proposed Vital wrap system remains not certified, on Independent Medical Review.