

Case Number:	CM13-0043449		
Date Assigned:	03/28/2014	Date of Injury:	02/01/2011
Decision Date:	08/07/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/23/2013

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 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 claimant was injured on 02/01/11. A wrist rehabilitation kit and follow-up with her primary treating physician are under review. She had a normal EMG (Electromyography) and nerve conduction study of the upper extremities on 01/09/12. She saw [REDACTED] on 07/06/12 and was diagnosed with carpal tunnel syndrome and a wrist sprain. She was referred to a hand specialist and for Physical Therapy and acupuncture. She had an MRI of the cervical spine on 09/08/12. There was an annular tear at C3-4, C4-5, and C5-6 with a left paracentral disc protrusion and annular tear effacing the thecal sac at C3-4 and C4-5. The C4 and C5 exiting nerve roots were unremarkable. An MRI of the wrist revealed a small distal radio ulnar joint effusion. An MRI of the right wrist on 09/08/12 revealed a small effusion at multiple joints. Her rheumatoid arthritis factor, C-reactive protein and sedimentation rate-Westergren were high in January 2013. A 09/30/13 report did not establish that additional follow-up was needed and her condition was the same. Her examination findings were unchanged. No medications are prescribed and she was to continue home exercises. It was not clear why she needed continued monthly follow-ups. She appears to have plateaued. She has completed physical therapy and is performing a home exercise program at home according to a utilization review report dated 10/08/13. She was given a wrist rehabilitation kit on 12/09/13. She was also taking tramadol once per day. She saw [REDACTED] on 12/16/13 for an IME. She had not yet reached permanent and stationary status. She had bilateral stiff wrists and fingers and possible rheumatoid arthritis. There were no medical records available for review. She saw [REDACTED] on 01/06/14. Her bilateral elbows were the same. She had pain, stiffness, and weakness. There was no numbness. She was diagnosed with sprains of the wrists and elbow/arm with enthesopathy of the wrist and carpus. Physical Therapy, acupuncture, and aquatic therapy were

recommended. A urine analysis was ordered for drug compliance. No medication was prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of one Wrist Rehab Kit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 299, Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Forearm, Wrist, and Hand Chapter, Physical Therapy.

Decision rationale: The history and documentation do not objectively support the request for a wrist rehab kit. The ODG state while an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. In this case, the specific indication for this type of kit has not been stated and none can be ascertained. There is no evidence that the claimant is unlikely to make progress with her home exercises without the use of this type of kit. The contents of the kit have not been described. Therefore, the request for one Wrist Rehab Kit purchase is not medically necessary and appropriate.

Orthopedic follow-up visit with the primary treating physician (PTP): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM GUIDELINES, pages 92, 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Forearm, Wrist, and Hand Chapter, Office visits.

Decision rationale: The history and documentation do not objectively support the request for an office visit with the PCP. The ODG state office visits may be recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever

mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. In this case, the claimant has chronic conditions but there is no evidence that her treatment is changing, new medications have been tried, or complications of her conditions are present which require evaluation. The specific indication for this office visit is unknown and none can be ascertained from the records. Therefore, the request of orthopedic follow-up visit with the primary treating physician (PTP) is not medically necessary and appropriate.