

Case Number:	CM13-0047199		
Date Assigned:	12/27/2013	Date of Injury:	05/20/2000
Decision Date:	10/09/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/01/2013

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 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:

Patient is a 55-year-old male who has submitted a claim for carpal tunnel syndrome associated with an industrial injury date of 6/20/2000. Medical records from 2013 were reviewed. Patient complained of bilateral wrist pain described as throbbing, numbness, and burning sensation. Pain was rated 10/10 in severity even upon intake of medications. He was not able to comb his hair, shave his hair, or cut his nails. Physical examination of both wrists showed swelling and positive Finkelstein test. Range of motion of the wrist was painful upon terminal motion. Weakness was noted at wrist flexors and extensors graded 4/5. The requests for electric razor, manicure, and pedicure were submitted to help maintain patient's function and appearance. Treatment to date has included medications such as Zoloft, Ambien, Klonopin, and Norco. Utilization review from 10/22/2013 denied the request for an electric razor because it did not satisfy the criteria for durable medical equipment; and denied manicure/pedicure because these were not considered medically necessary since the level of impairment was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Manicure: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: As stated on page 51 of CA MTUS Chronic Pain Medical Treatment Guidelines, medical treatment does not include personal care given by home health aides like bathing, dressing, and grooming. In this case, the submitted request for manicure is to help maintain patient's function and appearance. Patient complained of bilateral wrist pain described as throbbing, numbness, and burning sensation. Pain was rated 10/10 in severity even upon intake of medications. He was not able to comb his hair, shave his hair, or cut his nails. However, physical examination failed to show significant level of impairment. Muscle strength of both wrists was graded 4/5. There was no specific measurement of range of motion of wrist and fingers to further support this request. Moreover, it is unclear if a caregiver or a family member is not present to assist patient in self-care. Personal care services are not considered part of medical treatment. Therefore, the request for a Manicure is not medically necessary.

Pedicure: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: As stated on page 51 of CA MTUS Chronic Pain Medical Treatment Guidelines, medical treatment does not include personal care given by home health aides like bathing, dressing, and grooming. In this case, patient complained of bilateral wrist pain described as throbbing, numbness, and burning sensation. Pain was rated 10/10 in severity even upon intake of medications. He was not able to comb his hair, shave his hair, or cut his nails. However, physical examination failed to show significant level of impairment. Muscle strength of both wrists was graded 4/5. There was no specific measurement of range of motion of wrist and fingers to further support this request. Moreover, it is unclear if a caregiver or a family member is not present to assist patient in self-care. Personal care services are not considered part of medical treatment. Therefore, the request for a Pedicure is not medically necessary.

Electric razor: 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) Knee Section, Durable medical equipment (DME)

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee Section was used

instead. It states that durable medical equipment (DME) is defined as a device that can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. DME includes bathroom and toilet supplies, assistive devices, TENS unit, home exercise kits, cryotherapy, orthoses, cold/heat packs, etc. In this case, the submitted request for electric razor is to help maintain patient's function and appearance. Patient complained of bilateral wrist pain described as throbbing, numbness, and burning sensation. Pain was rated 10/10 in severity even upon intake of medications. He was not able to comb his hair, shave his hair, or cut his nails. However, physical examination failed to show significant level of impairment. Muscle strength of both wrists was graded 4/5. There was no specific measurement of range of motion of wrist and fingers to further support this request. Moreover, it is unclear if a caregiver or a family member is not present to assist patient in self-care. Furthermore, an electric razor does not fulfill the criteria for DME; it is still useful even in the absence of injury. Therefore, the request for an Electric Razor is not medically necessary.