

Case Number:	CM13-0049010		
Date Assigned:	12/27/2013	Date of Injury:	06/26/2012
Decision Date:	02/24/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/07/2013

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in interventional Spine 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:

This is a 60 year-old female data technician, with a cumulative trauma injury on June 26, 2012 from keyboarding/typing. From an MRI on August 15, 2012 she has been diagnosed with cervical strain with C5/6 and C6/7 disc disease, mild C5/6 central stenosis and mild bilateral foraminal stenosis C5/6 and C6/7; left right finger trigger finger; left and right shoulder sprain and bilateral carpal tunnel syndrome (CTS). [REDACTED] UR recommended non-certification for a cervical pillow; physical therapy (PT) two (2) times a week for four (4) weeks for the cervical spine, PT two (2) times a week for four (4) weeks for the left wrist and for bilateral wrist splints. The April 30, 2013 PT note shows that the patient has had 35 sessions of PT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tempurpedic Cervical Pillow called Side Pillow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); and the Aetna Clinical Policy Bulletin, Pillows and Cushions.

Decision rationale: The California MTUS and ACOEM did not mention cervical pillows. Aetna clinical bulletin policy points out that the pillow does not meet the definition of durable medical equipment (DME) because "they are not primarily medical in nature and not mainly used in the treatment of disease or injury." The ODG states "subjects with chronic neck pain should be treated by health professionals trained to teach both exercises and the appropriate use of a neck support pillow during sleep; either strategy alone did not give the desired clinical benefit." The October 14, 2013 primary treating physician's progress report (PR-2) by ■■■■■ prescribes the pillow, but does not discuss any exercises that he may have taught the patient. The ODG states the pillow alone does not give the desired clinical benefit. The requested pillow is not in accordance with Aetna guidelines, as it is not considered DME, and it is not in accordance with the ODG guidelines, as the ODG criteria have not been met. Therefore, the request is not medically necessary or appropriate.

physical therapy, two (2) times a week for four (4) weeks, for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Physical Medicine Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98-99.

Decision rationale: The physical therapy notes show that the patient has had 35 physical therapy sessions through April 30, 2013. The California MTUS guidelines recommend 8-10 sessions of physical therapy for various myalgias or neuralgias. The request for physical therapy, two (2) times a week for four (4) weeks, with the 35 visits already provided, will exceed the California MTUS guideline recommendations. The request is not medically necessary or appropriate.

physical therapy, two (2) times a week for four (4) weeks, for the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Physical Medicine Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The physical therapy notes show that the patient has had 35 physical therapy sessions through April 30, 2013. The California MTUS guidelines recommend 8-10 sessions of physical therapy for various myalgias or neuralgias. The request for physical therapy, two (2) times a week for four (4) weeks, with the 35 visits already provided, will exceed the California MTUS guideline recommendations. The request is not medically necessary or appropriate.

bilateral wrist brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 266. Decision based on Non-MTUS Citation ODG Forearm, Wrist and Hand regarding splinting.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

Decision rationale: The patient was reported to have bilateral CTS. The California MTUS/ACOEM states that initial treatment of CTS should include night splints. Day splints can be considered for patient comfort as needed to reduce pain, along with work modifications. The request for bilateral wrist splints appears to be in accordance with the California MTUS/ACOEM guidelines. This is also in accordance with the September 24, 2013 qualified medical evaluations (QME) supplemental report from [REDACTED]. Therefore, the request is medically necessary and appropriate.