

Case Number:	CM14-0106444		
Date Assigned:	07/30/2014	Date of Injury:	11/18/2013
Decision Date:	10/15/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/09/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 injured worker is a female whose date of birth was not disclosed, who reported an injury on 11/18/2013 due to repetitive lifting. On 04/10/2014, the injured worker presented with pain in the back right side of the neck down the right shoulder to her low back, left arm and hand, and left ankle and foot. Upon examination, the range of motion values for the left wrist were 30 degrees of flexion, 30 degrees of extension, 10 degrees of radial deviation, 15 degrees of ulnar deviation, and 2 degrees of Finkelstein's with ulnar deviation. There was positive Tinel's sign in the left volar wrist and dorsal radial wrist. Prior therapy included medication, acupuncture treatments, and injections into the thumb and index finger. The provider recommended durable medical equipment (DME) 6 rolls of beige spider tape, [REDACTED] wrist brace, wrist widget, and 2 rolls of molinpic tape. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: 6 Rolls of beige spider tape: 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 and Hand (Acute and Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Knee and Leg, Durable Medical Equipment.

Decision rationale: The request for DME 6 rolls of beige spider tape is not medically necessary. The Official Disability Guidelines recommend durable medical equipment if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. Medical conditions that resulted in physical limitations for injured workers may require patient education and modifications to the home environment for prevention of injury. There is no high grade literature to support the use of spider tape. The provider's rationale for medical necessity was not provided. There was a lack of documentation on the efficacy of the spider tape, therefore, the need for 6 rolls would not be considered medically necessary. Therefore, with a provider rationale for the recommendation of this type of tape, the request for beige spider tape is not medically necessary.

■■■■■ **wrist brace size: large:** 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 and Hand (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264..

Decision rationale: The request for Ottobock wrist brace, size: large is not medically necessary. The California MTUS/ACOEM Guidelines state the use of a brace or splinting of the wrist in a neutral position at day or night time would be indicated for carpal tunnel syndrome. The provider specifically recommended an Ottobock brace. The injured worker is already making use of a wrist brace as stated in the physical examination. There is a lack of documentation of a rationale and how the ■■■■■ brace has an advantage over the current wrist brace that the injured worker has already been using. As such, medical necessity has not been established.

Wrist widget: 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 and Hand (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263..

Decision rationale: The request for wrist widget is not medically necessary. The California MTUS/ACOEM Guidelines state the use of a brace or splinting of the wrist in a neutral position at day or night time would be indicated for carpal tunnel syndrome. The provider specifically recommended a wrist widget. The injured worker is already making use of a wrist brace as stated in the physical examination. There is a lack of documentation of a rationale and how the

wrist widget has an advantage over the current wrist brace that the injured worker has already been using. As such, medical necessity has not been established.

2 rolls molinpic tape: 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 and Hand (Acute and Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Knee and Leg, Durable Medical Equipment.

Decision rationale: The request for 2 rolls of molinpic tape is not medically necessary. The Official Disability Guidelines recommend durable medical equipment if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. Medical conditions that resulted in physical limitations for injured workers may require patient education and modifications to the home environment for prevention of injury. There is no high grade literature to support the use of spider tape. The provider's rationale for medical necessity was not provided. There was a lack of documentation on the efficacy of the spider tape, therefore, the need for 6 rolls would not be considered medically necessary. Therefore, with a provider rationale for the recommendation of this type of tape, the request for beige molinpic tape is not medically necessary.