MAXIMUS Federal Services

Case Number:	CM14-0109205		
Date Assigned:	08/01/2014	Date of Injury:	01/30/2010
Decision Date:	11/17/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/14/2014

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 and Rehabilitation 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 patient is a 47 year old male who was injured on 01/30/2010. The mechanism of injury is unknown. Prior treatment history has included Butrans, Lyrica, left upper extremity Dynamic splint. Progress report dated 06/19/2014 documented the patient to have complaints of numbness in left toes, weakness in upper extremities and limited ability to walk. On physical exam, the patient had limited range of motion of the left shoulder. He had an antalgic gait due to left sided pain. He is diagnosed with left shoulder pain, left hand and wrist pain, and neuropathic left upper extremity pain. The patient was recommended for a walker seat for the left upper extremity and dynamic splint. Prior utilization review dated 07/02/2014 states the request for Walker with seat for the left upper extremity; and Purchase of left upper extremity dynamic splint ESP is denied as there is a lack of documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Walker with seat for the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg, Walking aids

Decision rationale: The MTUS guidelines are silent about this. ODG guidelines state: Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. In this case the current examination did not reflect objective findings consistent with significant impairments in function and mobility that would warrant use of an assistive device. Therefore the medical necessity of this request is not substantiated based on guidelines and lack of documentation.

Purchase of left upper extremity dynamic splint ESP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Dynasplint system

Decision rationale: MTUS guidelines are silent about this. ODG guidelines state: "the Dynasplint system is generally recommended for adhesive capsulitis" which was not noted in this patient. Specific range of motion measurements had not been provided to objectively document the patient's limitations in the left shoulder. Therefore, the request for the left upper extremity dynamic splint ESP is not medically necessary based on guidelines and lack of documentation.