

Case Number:	CM14-0122723		
Date Assigned:	08/08/2014	Date of Injury:	12/05/2007
Decision Date:	09/17/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/04/2014

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 54 year old female who was injured on 12/05/2007. She has been treated conservatively with 24 sessions of physical therapy to bilateral wrist, manipulating therapy, and 2 shockwave therapy procedures to the right shoulder on 04/28/2014 and 04/14/2014. Prior medication history included Vicodin and Atenolol. Diagnostic studies reviewed include x-ray of the right elbow dated 05/21/2014 demonstrated an unremarkable study. X-ray of the right wrist dated 05/21/2014 revealed a 1 mm ulnar minus variation. The carpal rows otherwise appeared preserved, without abnormal widening with the clenched fist positioning. Bony mineralization is grossly preserved, without right wrist fracturing or dislocation identified and without significant osteophyte formation or discrete erosive changes. Progress report dated 08/05/2014 indicates the patient presented with complaints of neck pain, upper back, right shoulder, right wrist and right elbow hand pain. The patient reported she was cooking and suddenly loss grip in the right hand due to weakness and she dropped the pain and the oil splashed and burned her right forearm. On exam, she has two small burns present on right forearm. Her sensation is intact. Diagnoses are right elbow strain, right wrist surgery on 04/20/2009; left hand strain, and left wrist strain. Prior utilization review dated 07/16/2014 states the request for Elbow wrap (Pil-O-Splint) is denied as there is a lack of documented evidence to support the request; Internal Medical Consultation is denied as there is a lack of documented evidence to support the request; Follow-up visit with orthopedic physician 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:

Elbow wrap (Pil-O-Splint): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Elbow Chapter, Splinting (padding).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 573-574. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Elbow, (Splinting)<http://www.walmart.com/ip/Brown-Medical-IMAK-Hand-Elbow-Pil-O-Splint/23625245>.

Decision rationale: The ACOEM and ODG guidelines recommend splinting for short periods of time involving acute injuries in order to support the involved joint and protect the area from further injury. The medical records do not document any new complaints or musculoskeletal injuries. Further, the documents show the patient is neurologically intact with complaints that have been stable for several years. Based on the ACOEM guidelines and criteria as well as the clinical documentation stated above, the request for Elbow Wrap (Pil-O-Splint) is not medically necessary.

Internal Medical Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, page(s) 503.

Decision rationale: The ACOEM Guidelines recommend evaluation with specialist such as an Internist for complaints that may require chronic medical management, such as hypertension, diabetes mellitus, or heart disease. The medical records do not document any new complaints or symptoms that warrant further evaluation with an Internist. Further, the documents show the patient is neurologically intact with complaints that have been stable for several years. Based on the ACOEM Guidelines and criteria as well as the clinical documentation stated above, the request for an Internal Medical Consultation is not medically necessary.

Follow-up visit with orthopedic physician: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder Chapter, Office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, page(s) 503 Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Office visits.

Decision rationale: The ACOEM Guidelines recommend evaluation with specialist such as an Orthopedic Surgeon for complaints that may require surgical intervention. The medical records do not document any new complaints or musculoskeletal injuries. Further, the documents show the patient is neurologically intact with complaints that have been stable for several years. Based on the ACOEM and ODG Guidelines and criteria as well as the clinical documentation stated above, the request for a Follow-Up Visit with an Orthopedic Physician is not medically necessary.