

Case Number:	CM14-0131508		
Date Assigned:	08/20/2014	Date of Injury:	06/13/1994
Decision Date:	10/01/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/18/2014

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 Internal Medicine, has a subspecialty in Pulmonary Disease 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:

This case involves a 53-year-old female who reported an injury on 06/13/1994 after falling at work and sustained injuries to her hands, knees, and back. The injured worker's treatment history included medications, pool therapy, Neoprene braces, x-rays, and MRI studies. The exam on 07/18/2014, the injured worker reported she felt much worse. Stating she couldn't do much such as, sitting or standing long and experiencing stiffness all over. She reported that she fell in the shower. Objective findings revealed she was stiff all over including her neck, back and was losing weight. Diagnoses included cervical radiculitis, lumbar radiculopathy, and osteoarthritis in knees. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical collar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

Decision rationale: The request for cervical collar is not medically necessary. Per the ACEOM, the guidelines states that a cervical collar is not recommended no more than 1 to 2 days. She

complained of neck stiffness however, there were no clinical findings that indicate the injured worker needs a cervical collar. As such, there is no documented evidence to warrant cervical collar. Given the above, the request is not medically necessary.

Bilateral wrist braces DOS 7/18/14 and 7/18/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

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

Decision rationale: The request for bilateral wrist braces DOS 7/18/14 and 7/18/14 is not medically necessary. MTUS/ACEOM state that initial treatment of carpal tunnel syndrome should include night splints, and may be used during the day, depending on activity. The records submitted did not indicate the injured worker having bilateral carpal tunnel syndrome. There was lack of documentation submitted indicated the requested. As such, the request is not medically necessary.