MAXIMUS Federal Services

Case Number:	CM14-0176911		
Date Assigned:	10/30/2014	Date of Injury:	03/06/2013
Decision Date:	12/05/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/24/2014

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 Family Medicine and is licensed to practice in Utah. 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 51 year-old male. The patient's date of injury is 3/6/2013. The mechanism of injury is not described in the clinical records given. The patient has been diagnosed with left carpal tunnel release, right knee pain and shoulder pain. The patient's treatments have included surgery on the shoulder, and knee arthroscopy, EMG studies and medications. The physical exam findings dated June 9, 2014 shows the cervical neck as soft and supple. The Range of Motion is 75% of normal. The Spurling's maneuver is noted as negative. The neurological exam is reported as normal. The wrist exam shows a positive Tinel's and Phalen's signs. The Sensory exam reveals slightly decreased and LT and PP. There is a well healed surgical scar over the carpal tunnel that is not tender. The patient's medications have included, but are not limited to, Norco, Naproxen, Flexeril and Omeprazole. The request is for Durable Medical Equipment MI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment MI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm Chapter, Splints

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

Decision rationale: MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for durable medical equipment. Guidelines state the following: Splints recommended for fracture or joint instability. The clinical records, lack documentation to exactly why the durable medical equipment is requested and what is the condition of treatment. According to the clinical documentation provided and current guidelines; durable medical equipment as requested above is not indicated as a medical necessity to the patient at this time. The request is not medically necessary.