

Case Number:	CM14-0027259		
Date Assigned:	06/20/2014	Date of Injury:	10/16/2012
Decision Date:	08/13/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/04/2014

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 & 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 injured worker is a 39-year-old male who reported an injury on 10/16/2002, due to an unknown mechanism of injury. The injured worker complained of pain to his right shoulder, upper extremity, and hand. He rated his pain 7/10 on the VAS pain scale without medications. On 01/20/2014, the physical exam revealed that the injured worker had a positive Phalen's and Tinel's sign bilaterally. On 01/04/2013, the MRI of the right hand showed no abnormalities. On 03/11/2013, the electromyography showed evidence of moderate bilateral median mononeuropathy at the wrist. The injured worker had diagnoses of pain in the shoulder, pain in the upper arm, and pain in the joint hand. The documentation provided indicated that the injured worker had physical therapy; however, the therapy was for the shoulder, and not the hand or wrist. The injured worker was on the following medications: ibuprofen 800 mg, pantoprazole/Protonix 20 mg, and Diclofenac sodium 1.5% 60 grams. The current treatment plan is for purchase of H-wave unit for right shoulder and bilateral wrist splints. There was no rationale submitted for review. The Request for Authorization Form of the H-wave unit was dated 01/21/2014. There was no Request for Authorization Form for the bilateral wrist splints.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF H-WAVE UNIT FOR RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
TRANSCUTANEOUS ELECTROTHERAPY.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-118.

Decision rationale: The request for purchase of H-wave unit for right shoulder is non-certified. The injured worker has a history of pain in the right shoulder, upper extremity, and hand. The CAMTUS Guidelines state that H-wave stimulation may be considered as a non-invasive conservative option for chronic soft tissue inflammation if used as an adjunct to a program of evidence based functional restoration. There is a lack of documentation to support that the injured worker is performing a program of evidence-based functional restoration for the wrist or hand. In addition, the frequency and duration for the proposed unit were not included in the request. Given the above, the request for purchase of H-wave unit for right shoulder is not medically necessary.

BILATERAL WRIST SPLINTS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 264. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 265-266.

Decision rationale: The request for bilateral wrist splints is non-certified. The injured worker had a history of pain to the right shoulder, upper extremity, and hand. The ACOEM Guidelines state that, when treating with a splint in CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night, and may be used during the day, depending upon activity. The Official Disability Guidelines states that splints are recommended for treating displaced fractures. Immobilization is standard for fracture healing although patient satisfaction is higher with splinting rather than casting. The injured worker had diagnoses that were inconsistent with the recommended diagnoses by the guidelines that would allow use of splints, thus making the request not medically supported at this time. Given the above, the request for bilateral wrist splints is not medically necessary.