

Case Number:	CM14-0032844		
Date Assigned:	06/20/2014	Date of Injury:	10/15/1997
Decision Date:	07/18/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/14/2014

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 Illinois. 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 64-year-old female who reported an injury on 10/19/1997. The mechanism of injury was not provided for clinical review. The diagnoses included fibromyalgia of the cervical spine, thoracic spine, lumbar spine, and multiple surgeries for left facial injury, bilateral carpal tunnel syndrome, left greater than right. Previous treatments included an electromyography, nerve conduction velocity, MRI, medication, and massage therapy. Within the clinical note dated 02/18/2014, it is reported the injured worker complained of increased right leg pain. The patient reported her pain started from the right hip to her right thigh. She rated her pain of her right leg 8/10 in severity. The injured worker complained of the left thumb and long finger numbness. She reported continued wear of night splints which were helpful for the numbness and tingling. Upon the physical exam, the provider noted the injured worker to have a positive Phalen's and Tinel's in the left wrist from median sensation. The provider requested for durable medical equipment for bilateral KUHL Modabber wrist supports. However, a rationale was not provided for clinical review. The requested for authorization was submitted but not dated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DME- Bilateral KUHL Modabber Wrist supports: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Durable Medical Equipment.

Decision rationale: The request for retro DME, bilateral KUHL Modabber wrist support is non-certified. The injured worker complained of left thumb and long finger numbness. She reported wearing her splint at night to help with numbness and tingling. CA MTUS/ACOEM states splinting as a first-line conservative treatment for carpal tunnel, DeQuervains and strains is supported; however, prolonged splinting leads to weakness and stiffness. The Official Disability Guidelines recommend durable medical equipment if there is a medical need and if the device or system meets Medicare definition of durable medical equipment. The guidelines note durable medical equipment is recommended if it is able to withstand repeated use such as it could be normally rented, and used by successive patients, is primarily and customarily used to serve a medical purpose, the guidelines note it is generally not useful to a person in the absence of illness or injury and is appropriate in the patient's home. The request submitted does not specify whether a rental or purchase is necessary. The clinical documentation submitted indicated the injured worker is utilizing a wrist splint at night which is helpful with numbness and tingling. Therefore, an additional wrist support is not medically necessary at this time. As such, the request for retro durable medical equipment, bilateral KUHL Modabber wrist support is not medically necessary.