

Case Number:	CM14-0053047		
Date Assigned:	07/07/2014	Date of Injury:	11/20/2009
Decision Date:	08/28/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/21/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 38-year-old female with an 11/20/09 date of injury due to continuous trauma. An AME (Agreed Medical Evaluation) dated 11/27/13 recommended medication and continued medical care. An injection was performed to the carpal metacarpal joint and the patient reported feeling much better on 12/12/13; experiencing less pain and improved functional ability. Bracing and hand therapy were discussed. Progress note dated 3/20/14 described pain in the carpometacarpal joint, which previously responded very well to an injection and improvement with physical therapy. Clinically, the flexor pollicis longus was firing well; there is less apprehension; and some tenderness of the first dorsal compartment. The patient had pain with Finkelstein type maneuver. Treatment plan discussed splinting, anti-inflammatory medications, and therapy for the first dorsal compartment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Iontophoresis: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC) Forearm, Wrist & Hand Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. decision on the Non-MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chronic pain chapter; Iontophoresis and Official Disability Guidelines (ODG)

Forearm, Wrist, and Hand Chapter; Carpal tunnel syndrome.

Decision rationale: According to the above cited guidelines, the medical necessity for the requested treatment is not established. This request previously obtained an adverse determination, as guidelines states that Iontophoresis is under study and there is limited evidence to support this treatment option. Within the context of this appeal, it has not been discussed why a treatment option that is not guidelines supported is medically necessary. Therefore, the request of Iontophoresis is not medically necessary and appropriate.