

Case Number:	CM14-0057861		
Date Assigned:	07/09/2014	Date of Injury:	07/01/2012
Decision Date:	09/08/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/28/2014

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 Nevada. 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 records presented for review indicate that this 37 year-old individual was reportedly injured on July 1, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated February 25, 2014, indicated that there were ongoing complaints of upper extremity pain and neck pain. The physical examination demonstrated a decrease in right upper extremity range of motion in all joints with associated crepitus. A positive Phalen's test and a positive Tinel's test was also reported. Diagnostic imaging studies were not reviewed. Previous treatment included notification of 42 days of use of the H-wave stimulator with no significant clinical improvement objectified. A request had been made for repeat imaging studies and was not certified in the pre-authorization process on April 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

3D MRI Right Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Wrist chapter, updated August 2014.

Decision rationale: As outlined in the ODG, there is no clinical indication for repeat MRIs, unless there is a significant change in the symptoms or findings suggestive of significant pathology. Based on the chiropractic examination, the standard is not met. Furthermore, there is aptly no indication for a 3D imaging of the elbow. Therefore, the medical necessity of this request has not been established.

3D MRI- Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand Chapter, MRIs (magnetic resonance imaging) section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Wrist chapter, updated August 2014.

Decision rationale: As outlined in the ODG, there is no clinical indication for repeat MRIs, unless there is a significant change in the symptoms or findings suggestive of significant pathology. Based on the chiropractic examination, the standard is not met. Furthermore, there is aptly no indication for a 3D imaging of the elbow. Therefore, the medical necessity of this request has not been established.

Shoulder & Elbow Home Exercise Kit: dual texture Swiss ball with strengthening bands, yoga mat, stretch pole, overhead range of motion/strengthening bands, tone-strengthening bands pair, massage roller, air pump, activity guide: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The parameters noted in the ODG were used. The ODG does endorse assemble home-based exercises to assist in wrist range of motion, which would mitigate the sequelae of arthritis and other changes. There is aptly no clinical support in the literature for the multiple devices outlined by this chiropractic assessment. Therefore, the medical necessity has not been established for this device.

Hand & Wrist Home Exercise Kit: tone-8 strengthening bands pair, weighted gyro wrist ball, massage ball, foam stress ball, hand grip trainer, grip trainer web, activity guide.: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Wrist hand chapter, updated August 2014.

Decision rationale: The parameters noted in the ODG were used. The ODG does endorse assemble home-based exercises to assist in wrist range of motion, which would mitigate the sequelae of arthritis and other changes. There is aptly no clinical support in the literature for the multiple devices outlined by this chiropractic assessment. Therefore, the medical necessity has not been established for this device.

H-Wave: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational Environmental Medicine Practice Guidelines 2nd Ed., Elbow Complaints Chapter (Revised 2007) and table 4.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): Pages 117-118 of 127.

Decision rationale: The records reflect that a number of days of utilization of this device have been completed. There are subjective complaints, but there is no objective functional increase, no return to work, or decrease in pain medication. Therefore, when taking the consideration the parameters noted in the MTUS Chronic Pain Guidelines and by the physical examination offered, there is insufficient clinical evidence to support the necessity of continued use of this device.