

Case Number:	CM14-0065219		
Date Assigned:	07/11/2014	Date of Injury:	10/22/2012
Decision Date:	08/27/2014	UR Denial Date:	04/12/2014
Priority:	Standard	Application Received:	05/08/2014

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 Medicine and is licensed to practice in Texas. 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 40 year old male who had a work related injury on 11/22/12. On the day of the injury, the injured worker was operating a machine and lost his balance and fell forward striking his right wrist/hand against a steel post on the machine. Consequently he noted an immediate onset of pain and swelling of his right wrist and thumb. The injured worker was evaluated on 01/30/12 at an industrial clinic. The injured worker was examined and was diagnosed with a right wrist sprain. The injured worker was prescribed medication and underwent a course of physical therapy, modified work duties were also recommended. The injured worker was then referred to an orthopedist, his diagnostic impression included right wrist sprain with a volar ganglion cyst, extensor tendonitis, probable carpal tunnel syndrome, and a healing puncture wound of his right thumb. The injured worker was prescribed Voltaren and Tramadol and a recommended course of acupuncture treatments 2 x a week for 3 weeks. With the acupuncture treatments he noticed slight improvements of his symptoms. The injured worker wore braces. The injured worker saw a hand specialist on 09/30/13 and was diagnosed with right flexor carpi radialis tendonitis. Right volar radial wrist soft tissue fullness/mass/cyst. Right de Quervain's Disease. Right median nerve neuropathy carpal tunnel. Right thumb stenosing tenosynovitis. On physical examination of this right wrist he is tender to palpation at the right volar radial distal wrist and 1st dorsal compartment. Absent soft tissue mass on palpation at the elbow and forearm. Absent pain on palpation at the medial epicondyle. Absent pain on palpation ulnar nerve. Absent pain on palpation lateral epicondyle. Range of motion of both elbows was within normal limits. Strength of both elbows and forearms was normal. Subluxation, cubital tunnel test right is absent left is absent elbow flexion test right is positive left is negative. Tinel's sign is positive bilaterally. No atrophy of the right thenar eminence. Positive Finkelstein test on the right. Positive tenderness to direct palpation of the scaphoid and

lunate. SCR insertion site for tendonitis is very positive. Tenderness to palpation of the volar aspect of the MCP joint positive on the right thumb and negative on the left thumb. Normal range of motion of the wrists. Strength of the wrists is normal. Phalen's sign on the right is positive. Tinel's sign on the right is positive. Prior utilization review on 04/21/14 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Conductive glove for IF unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118.

Decision rationale: The request for Conductive Glove for IF unit is not medically necessary. Current guidelines that form fitting devices only considered medically necessary when there is documentation that there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment. Therefore, the request is not medical necessary.

Thumb spica brace right: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Acoem chapter 7 pg. 127.

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

Decision rationale: The request for Thumb Spica Brace is medically necessary. The injured worker has a right de Quervain's disease. There is no evidence that the injured worker utilized a Spica Brace in the past. Tenderness to palpation of the volar aspect of the Metacarpophalangeal (MCP) Joint positive on the right thumb. Therefore, the request is medical necessary.

Consult w/ [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Acoem Chapter 7 page 127.

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

Decision rationale: The request for Consult with orthopedic surgeon is not medically necessary. According to the submitted clinical documentation, the injured worker saw the requested orthopedic surgeon on 09/31/13. Therefore, the request is not medically necessary.

MRI R/wrist/hand: 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-Forearm, wrist & hand (acute & chronic) (updated 2/18/14).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand chapter, MRI's (magnetic resonance imaging).

Decision rationale: The request for MRI Right Wrist/Hand is not medically necessary. The clinical documentation submitted for review does not support the request for the MRI. MRI for chronic wrist pain is indicated if plain films normal, suspect soft tissue tumor or equivocal, suspect Kienbock's Disease. The injured worker has a diagnosis of de Quervain's. Therefore, the request is not medically necessary.