

Case Number:	CM14-0066269		
Date Assigned:	07/11/2014	Date of Injury:	02/16/2014
Decision Date:	09/08/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/09/2014

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 injured worker is a 30 year-old female who was reportedly injured on 2/16/2014. The mechanism of injury is noted as a lifting injury. The most recent progress notes dated 3/12/2014 and 5/14/2014 (hand-written), indicate that there are ongoing complaints of neck pain, right shoulder pain, right-sided chest pain and right wrist and hand pain. Physical examination demonstrated tenderness and spasm to cervicothoracic paraspinal, sub-occipital, trapezius and rhomboid muscles as well as midline tenderness at C5-C6, C6-C7 spinous processes; positive cervical compression and extension-rotation tests; decrease sensation to pinprick to right C6, C7, T1 dermatomes; tenderness and spasm over the right carpal bones with diffuse tenderness of the interosseous at the volar and dorsal aspect; positive right Tinel's, Phalen's and reverse Phalen's tests. Plain radiographs of the cervical spine, thoracic spine, right shoulder and right hand and wrist dated 3/12/2014 were normal. Diagnosis of cervical spine sprain/strain with radiation to the right upper extremity, thoracic spine strain/sprain, right shoulder sprain/strain, chest pain, anxiety, depression and insomnia. Previous treatment includes physical therapy and medications to include cyclobenzaprine, naproxen, hydrocodone, Narcosoft, omeprazole and compounding transdermal creams. A request was made for cold therapy unit and wrist brace, which were not certified in the utilization review on 4/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME : COLD THERAPY UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES: CAPRAL TUNNEL CHAPTER.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -TWC/ODG Integrated.

Decision rationale: Official Disability Guidelines guidelines support cryotherapy as an option after surgery, but not for nonsurgical treatment. Review of the available medical records fails to document a surgical recommendation for other indication to deviate from the treatment guidelines. As such, this request is not considered medically necessary.

DME : WRIST BRACE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES: FOREARM/WRIST/HAND CHAPTER.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004): Hand, Wrist & Forearm Pain - Carpal Tunnel Syndrome, Clinical Measures, Devices, and Splinting (electronically sited).

Decision rationale: California Medical Treatment Utilization Schedule/ American College of Occupational and Environmental Medicine practice guidelines support wrist splints as an option for treatment of acute, subacute or chronic carpal tunnel syndrome. Review of the available medical records documents tenderness and spasm over the right carpal bones with normal plain radiographs of the right wrist and hand. Furthermore, there was no diagnosis of carpal tunnel syndrome. As such, this request is not considered medically necessary.