

Case Number:	CM14-0070098		
Date Assigned:	07/14/2014	Date of Injury:	05/14/2012
Decision Date:	09/17/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/15/2014

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 30-year-old female was reportedly injured on 5/14/2012. The mechanism of injury was noted as cumulative trauma from typing. The most recent progress note, dated 4/11/2014, indicated that there were ongoing complaints of right shoulder and elbow pain, as well as left hand numbness and tingling. The physical examination demonstrated right shoulder positive tenderness over the anterior/lateral impingement area of the shoulder and tenderness over the medial epicondyle of both elbows. Positive Phalen's test and Tinnel's test of the left wrist. There is also tenderness over the carpal tunnel and decreased sensation in the radial 3 digits and findings consistent with Guyons Canal Syndrome. No recent diagnostic studies were submitted for review. Previous treatment included right carpal tunnel release, #12 sessions of physical therapy, medications, and conservative treatment. A request had been made for ice machine and was not certified in the pre-authorization process on 5/1/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURABLE MEDICAL EQUIPMENT MI: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Wrist, Forearm, and Hand. Acute and Chronic. Cold Packs. Updated 8/8/2014.

Decision rationale: The Official Disability Guidelines state that cold packs are recommended at home for local applications of cold for the first few days of acute complaints, thereafter, application of heat packs is recommended. After review of the medical records submitted, it is noted that the injured worker was status post right wrist surgery; however cryotherapy or ice machine is not warranted for this procedure. Therefore, this request is deemed not medically necessary.