

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0091252 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 12/08/2011 |
| Decision Date: | 09/18/2014 | UR Denial Date: | 05/19/2014 |
| Priority: | Standard | Application Received: | 06/16/2014 |

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 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 injured worker is a 63 year old male with a reported date of injury on 12/08/2011. The mechanism of injury was not provided within the documentation available for review. His diagnosis included right wrist carpal tunnel syndrome and trigger finger. The injured worker underwent release and decompression of the right wrist. According to the clinical note dated 05/22/2014, the injured worker presented with incision sites healed, and active range of motion mildly limited. Strength testing was also slightly restricted, noted to be neurovascularly intact. In addition, the injured worker presented with grip strength maintained and the remainder of the exam was within normal limits to include full range of motion and no swelling. The injured worker's medication regimen included Uloric and Zantac. The request for a mini massager was submitted on 06/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mini Massager, per 05/09/14 form QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Durable Medical Equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Durable Medical Equipment (DME).

Decision rationale: The Official Disability Guidelines recommend durable medical equipment if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. The term DME is defined as equipment which can withstand repeated use, can not only be rented, and used by successive patients; primarily and customarily. Official Disability Guidelines (ODG) state, DME is used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury and is appropriate for an observational level of care versus inpatient management use in a patient's home. The clinical information provided for review indicates the injured worker presented with range of motion within normal limits, and no swelling. There is a lack of documentation related to the injured worker's pain level utilizing a visual analogue scale (VAS). In addition, the rationale for the request was not provided within the documentation available for review. There is a lack of documentation of the injured worker's neurological or functional deficits. Furthermore, the request does not meet Medicare's definition of durable medical equipment according to the Official Disability Guidelines. As such, the request is not medically necessary.