

Case Number:	CM14-0061717		
Date Assigned:	07/11/2014	Date of Injury:	12/01/2009
Decision Date:	03/13/2015	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/02/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53-year-old female who reported an injury on 12/01/2009. The mechanism of injury was not stated. The current diagnoses include enthesopathy of the wrists, sprain/strain of the elbow/arm, and sprain of an unspecified site of the hand. The injured worker presented on 03/03/2014, with complaints of persistent pain over multiple areas of the body. Upon examination, there was tenderness to palpation of the cervical spine, decreased range of motion of the cervical spine, tenderness to palpation of the right wrist and left hand, and diminished range of motion of the bilateral upper extremities. Treatment recommendations at that time included a sleep study, activity modification, and a cervical pillow. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Pillow x1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Pillow.

Decision rationale: The Official Disability Guidelines recommend the use of a neck support pillow while sleeping, in conjunction with daily exercise. There was no indication that this injured worker was actively participating in daily exercise. There was also no documentation of a significant functional limitation. It is unclear how the injured worker will benefit from the use of a cervical pillow. As the medical necessity has not been established, the request is not medically appropriate.