MAXIMUS Federal Services

Case Number:	CM15-0004724		
Date Assigned:	01/16/2015	Date of Injury:	11/07/2009
Decision Date:	03/17/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	01/09/2015

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, Hawaii
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 patient is a 51 year old female with date of injury 11/07/09. The treating physician report dated 11/19/14 indicates that the patient presents with pain affecting her left wrist. The physical examination findings reveal active elbow motion full, active wrist motion limited and painful, left wrist motion is 35 extension and 15 flexion. Full digital motion. There is palpation diffusely tender about her left wrist with no abnormalities. Previous treatment includes electrophysiological evidence July 2010, left radiocarpal and midcarpal synovectomy January 2011, biopsy/culture July 2011.The current diagnoses are: 1.Status post contusion left wrist on November 7, 2009. 2. July 2010 electrophysicioc evidence of mild left cubital and carpal tunnel syndromes. 3. Status post arthroscopic left radiocarpal and midcarpal synovectomy January 2011. 4. Status post left wrist arthrotomy with extensive tenosynovectomy and biopsy/culture July 2011. 5. Arthritis left wrist. 6. Nicotine Addiction. The utilization review report dated 12/4/14 denied the request for DME Bone Stimulator for left wrist based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Bone Stimulator for Left Wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Wrist chapter: Bone Growth stimulator

Decision rationale: The patient presents with wrist pain. The current request is for DME; Bone Stimulator for Left Wrist. The treating physician does not specify a rationale in the report dated 11/19/14. The treating physician report dated 11/26/14 is hand written and mostly illegible. The physician states, pain decreased numbness left little finger, pain left wrist. Bone stimulator, the MTUS guidelines do not address bone growth stimulators. The ODG guidelines state, Recommended in selected long bone fractures. Supported for fresh or poorly healing scaphoid fractures or fractures with poor healing despite 3 months of appropriate conservative care. Bone stimulators are routinely used for delayed unions and nonunions, but not indicated for the treatment of acute fractures or stress fractures. In this case, there is no indication that the patient has been diagnosed with an acute fracture or a poorly healed fracture with poor union. The patient is 5 years post contusion of the left wrist and there is no documentation provided to support the current request. The current request is not medically necessary and the recommendation is for denial.