

Case Number:	CM15-0004754		
Date Assigned:	01/16/2015	Date of Injury:	07/23/2014
Decision Date:	03/26/2015	UR Denial Date:	12/23/2014
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

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 38 year old female who sustained an industrial injury on 7/23/14. The injured worker reported symptoms in the right shoulder, elbow and wrist. The diagnoses included De Quervain's on the right, right lateral epicondylitis, right shoulder impingement, and internal derangement of the right wrist. Treatments to date have included physical therapy, acupuncture treatments, and oral medications. PR2 dated 10/17/14 noted the injured worker presents with "pain with gripping and grasping on the right hand...tenderness on the dorsal aspect of the right wrist and pain in the wrist...". The treating physician is requesting a right wrist brace. On 12/23/14, Utilization Review non-certified a request for a right wrist brace. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interspec IF II and Supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), MTUS guidelines Page(s): 118-120.

Decision rationale: The 38 year old patient presents with pain in right shoulder, right elbow, and right wrist, as per progress report dated 10/17/14. The request is for INTERSPEC IF 11 AND SUPPLIES. There is no RFA for this case, and the patient's date of injury is 07/23/14. Diagnoses, as per progress report dated 10/17/14, included De Quervain's on the right, right lateral epicondylitis, right shoulder impingement, and internal derangement of the right wrist. In progress report dated 09/17/14, the patient rates her pain as 8/10. Medications, as per physician's report dated 08/15/14, included acetaminophen, Meloxicam and Polar Frost. In physician report dated 07/28/14, the patient complains of right hand and thumb pain that radiates to the shoulder. The patient is not working, as per progress report dated 10/17/14. For Interferential Current Stimulation (ICS), MTUS guidelines, pages 118 - 120, state that "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone." These devices are recommended in cases where (1) Pain is ineffectively controlled due to diminished effectiveness of medications; or (2) Pain is ineffectively controlled with medications due to side effects; or (3) History of substance abuse; or (4) Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or (5) Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). In this case, none of the progress reports discuss this request. The treater does not explain the need for an interferential unit. Additionally, in progress report dated 10/17/14, the patient reports that acupuncture and physical therapy have helped. The treater is also requesting for additional physical therapy in the same report. The patient is taking medications including acetaminophen and Meloxicam, as per progress report dated 08/15/14. Given the patient's response to conservative care, the request for IF unit IS NOT medically necessary, as per MTUS guidelines.

Right Wrist Brace: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Elbow Chapter, Bracing

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: The patient presents with unrated pain to the right shoulder, right elbow, and right wrist exacerbated by grasping. The patient's date of injury is 07/23/14. Patient has no surgical history directed at this complaint, has completed a course of physical therapy with acupuncture. The request is for RIGHT WRIST BRACE. The RFA for this request was not provided. Physical examination dated 10/17/14 revealed tenderness over the lateral epicondyle of the right shoulder, positive Tinel's sign over the right cubital tunnel region. Examination of the right wrist revealed tenderness over the first CMC joint, positive Finkelstein's and Phalen's tests, and tenderness over the dorsal aspect of the wrist. The patient is currently prescribed an unspecified NSAID. Diagnostic imaging included X-rays of the right elbow and right wrist, both reports described unremarkable findings. As of 10/17/14 progress note, patient is not working.

NOTE: Progress note dated 10/17/14 does not mention wrist splint, though progress note dated 08/20/14 requests an elbow splint. None of the remaining progress reports discuss splinting. ACOEM Guidelines page 265 states, When treating with a splint in CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be at night and may be used during the day, depending upon activity. In regards to the requested wrist brace, the therapy appears reasonable. While this patient does not present with carpal tunnel syndrome, she does present with significant wrist pain and a diagnosis of De Quervain's syndrome. The progress reports provided do not indicate that this patient has received a brace to date. Therefore, this request IS medically necessary.

Follow-up with physician: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7)

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) ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127

Decision rationale: The 38 year old patient presents with pain in right shoulder, right elbow, and right wrist, as per progress report dated 10/17/14. The request is for FOLLOW UP WITH PHYSICIAN. There is no RFA for this case, and the patient's date of injury is 07/23/14. Diagnoses, as per progress report dated 10/17/14, included De Quervain's on the right, right lateral epicondylitis, right shoulder impingement, and internal derangement of the right wrist. In progress report dated 09/17/14, the patient rates her pain as 8/10. Medications, as per physician's report dated 08/15/14, included acetaminophen, Meloxicam and Polar frost. In physician report dated 07/28/14, the patient complains of right hand and thumb pain that radiates to the shoulder. The patient is not working, as per progress report dated 10/17/14. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, there are treating physician progress reports provided which document pain in right thumb and hand. Subsequent progress reports from the treating chiropractor discuss the right shoulder, right elbow and right wrist symptoms. In the progress report dated 10/17/14, the chiropractor requests for authorization to "continue with a doctor for pharmacological management for possible NSAIDs." The current request IS medically necessary for follow up physician evaluation.