MAXIMUS Federal Services

Case Number:	CM15-0009049		
Date Assigned:	01/27/2015	Date of Injury:	06/13/2008
Decision Date:	03/24/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/15/2015

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 37-year-old female who reported an injury on 06/13/2008. The mechanism of injury involved repetitive activity. The current diagnoses include myofascial pain syndrome, medial epicondylitis, lateral epicondylitis, and tenosynovitis of the wrist. The injured worker presented on 12/18/2014 with complaints of upper extremity pain. The injured worker has been previously treated with ice therapy, medication, splinting, massage therapy, and acupuncture. The injured worker currently utilizes Flexeril and Penetrex on an as needed basis. Additionally, the injured worker utilizes an H-wave device. The injured worker reported 7/10 pain without medication and 4/10 with medication. Upon examination, there was 5/5 bilateral upper extremity strength, diminished sensation in the left pinkie finger, tenderness to palpation at the bilateral medial epicondyles and the left lateral epicondyle, and full range of motion of the joints. Recommendations included a roller mouse to ease elbow pain and continuation of the current medication regimen and home exercise program. A Request for Authorization form was then submitted on 12/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Contour Roller Mouse #1: 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 Official Disability Guidelines (ODG) Knee & Leg Chapter, Durable Medical Equipment (DME).

Decision rationale: The Official Disability Guidelines state durable medical equipment is recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. There was no documentation of a significant musculoskeletal deficit upon examination. It was also noted that the injured worker currently utilizes a roller mouse at work, which improved her elbow pain. It is unclear how the injured worker would benefit from an additional device. The medical necessity has not been established in this case. Therefore, the request is not medically appropriate.