

Case Number:	CM15-0107822		
Date Assigned:	06/12/2015	Date of Injury:	04/10/2005
Decision Date:	07/21/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/04/2015

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: Preventive Medicine, Occupational Medicine

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 57 year old female, who sustained an industrial injury on 4/10/05. The injured worker has complaints of pain over the cervical and lumbar spine and the pain is affecting the left upper extremity. The injured worker has pain in the distal aspect predominantly at eh wrist affecting the thumb with numbness and tingling with weakness. She has complaints that her left knee pain is bothersome particularly with walking and standing. The diagnoses have included L3-L4 2 millimeter X 3 millimeter left disc bulge and L4-L5 2 millimeter disc bulge on magnetic resonance imaging (MRI) scan of 12/5/07; chronic left L5 radiculopathy on electromyography/nerve conduction study performed on 4/13/06 and status post left knee arthroscopy on 11/4/09 and left carpal tunnel syndrome. Treatment to date has included left L4-L5 and L5-S1 (sacroiliac) facet rhizotomy/neurotomy; left carpal tunnel release surgery; left knee arthroscopic surgery times tow; cortisone injections into the left thumb and left elbow; fentanyl patch; cymbalta; dilaudid and pravacid. The request was for evaluation with occupational therapist for fabrication of splint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation with occupational therapist for fabrication of splint: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 78, 79, 90, 551.

Decision rationale: Per the MTUS Guidelines, in general, immobilization of the elbow or wrist should be avoided. An exception is immediately after surgery where brief immobilization may be required. Wrist splinting is sometimes utilized. Some experts believe splinting potentially contributes to elbow pain. When immobilization is utilized, range-of-motion exercises should involve the elbow, wrist, as well as the shoulder, to avoid frozen shoulder (adhesive capsulitis). This injured worker had no history of a recent elbow or wrist surgery. Her injury occurred in 2005. Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case the request for fabrication of a splint is not supported, therefore the need for referral to an occupational therapist for fabrication of the splint is also not supported. The request for evaluation with occupational therapist for fabrication of splint is not medically necessary.