

Case Number:	CM15-0164056		
Date Assigned:	09/01/2015	Date of Injury:	11/10/2009
Decision Date:	09/30/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/20/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 50 year old female who sustained an industrial injury on 11-10-09. Her initial complaints are not available for review. However, the pain management report, dated 3-2-15, indicates that the injury was sustained due to a fall, in which she hit her head, right shoulder and hip. She was diagnosed with muscle strain and was treated with pain medication, physical therapy and acupuncture. The report indicates that an MRI of the cervical spine was completed, showing disc herniation of C4-5, C5-6, and C6-7. She underwent surgery in February 2012 for artificial disc replacement at C4, C5, and C6-7. She was "fused" at C5-6. The report indicates her diagnoses as long-term use of medications, cervical disc displacement without myelopathy, and carpal tunnel syndrome. On 3-25-15, she presented to the provider office with chronic back, neck, and right upper extremity pain. The report indicates that she had a surgical consult for bilateral wrists. Conservative treatment with acupuncture and physical therapy was recommended. It was noted that she was status-post lumbar facet injection, CESI, as well as cervical facet joint injections. She was noted to "defer additional procedures and injections, as well as a spinal cord stimulator". She was authorized for a functional restoration program. In addition to the above-noted diagnoses, she was also diagnosed with chronic pain. Her medications included Butrans patch, Cymbalta, and Topamax. She was evaluated and recommended for the functional restoration program on 4-21-15. The injured worker also underwent hand therapy for bilateral hand pain, tendinitis, and carpal tunnel syndrome. A report dated 5-22-15 indicates that she complained of pain at the thumb and thenar muscles, as well as in the dorsal wrist. She reported ongoing problems with activities of daily living, stating that her hand will "involuntarily start twitching". The treatment recommendations were continued hand therapy and use of a Prefab wrist widget.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prefab wrist widget X 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Forearm, Wrist and Hand (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: This 50 year old female has complained of low back pain, neck pain, wrist pain and shoulder pain since date of injury 11/10/2009. She has been treated with epidural steroid injections, physical therapy, facet joint injections, acupuncture and surgery. The current request is for prefab wrist widget x 1. The available medical records do not document provider rationale for this request nor do they specify planned duration of use of the requested device. On the basis of the available medical records and per the MTUS guidelines cited above, prefab wrist widget x 1 is not medically necessary.