

Case Number:	CM15-0196110		
Date Assigned:	10/09/2015	Date of Injury:	02/16/2015
Decision Date:	11/24/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/06/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 52 year old male, who sustained an industrial injury on 2-16-2015. The injured worker is being treated for headache, right wrist sprain-strain, left hip sprain-strain, and insomnia. Treatment to date has included medications. Per the Primary Treating Physician's Progress Report dated 8-13-2015, the injured worker reported head pain, rated as 8 out of 10 without medications and 0 out of 10 with medications, right wrist pain rated as 8 out of 10 without medications and 2-3 out of 10 with medications, left hip pain rated as 9 out of 10 without medications and 3 out of 10 with medications, as well as loss of sleep due to pain. Objective findings of the right wrist included tenderness to palpation of the dorsal, lateral, medial and volar wrist. There was tenderness of the left hip over the anterior lateral and posterior hip. The plan of care included oral and topical medications, shockwave therapy, magnetic resonance imaging (MRI) of the lumbar spine, acupuncture, orthopedic specialist and long wrist support. Authorization was requested for long right wrist brace and Solace stimulator unit rental times 5 months then convert to purchase and 12 months supplies. On 9-29-2015, Utilization Review non-certified the request for long right wrist brace and Solace stimulator unit rental times 5 months then convert to purchase and 12 months supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Long wrist brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary.

Decision rationale: According to the guidelines, immobilization of the wrist may be appropriate in case of carpal tunnel, DeQuervain's and strains. Prolonged use is optional. Although, it may provide support, the claimant's strain is chronic. Length of use was not specified. The long-wrist brace is an option and not medically necessary.

Solace stimulator unit rental x 5 months then convert to purchase and 12 months of supplies: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and page 50.

Decision rationale: Similar to a TENS, a solace is a multistimulation device. According to the MTUS guidelines, a Solace unit is not recommended as a primary treatment modality, but a one-month home-based Solace trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. A hyperstimulation device is also not recommended due to lack of evidence. In this case, the claimant did not have the above diagnoses. Indefinite use is not recommended. The request for a Solace unit is not medically necessary.