

Case Number:	CM15-0209396		
Date Assigned:	10/28/2015	Date of Injury:	01/18/2014
Decision Date:	12/15/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/23/2015

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, Texas

Certification(s)/Specialty: Internal 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 51 year old female who sustained an industrial injury January 18, 2014. Past treatment included conservative care to the right wrist and hand including medication, 24 sessions of physical therapy, and injections. According to an extracorporeal shockwave report dated July 1, 2015, the injured worker underwent their first ESWT (extracorporeal shockwave therapy) procedure, right wrist-hand without complication. Diagnoses are bilateral wrist carpal tunnel syndrome; right knee strain. According to a primary treating physician's handwritten progress report, the injured worker presented with complaints of pain and discomfort of the bilateral wrist and the right knee gives way on walking. Objective findings included; bilateral wrists Phalen's test positive; right knee compression test is negative. At issue, is a request for authorization dated September 1, 2015, for left and right knee braces, Quantity: (2) and shockwave therapy (1) bilateral wrist. According to utilization review dated September 29, 2015, the requests for left and right knee braces and Shockwave Therapy x (1) Bilateral Wrists were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left and right knee braces Qty: 2.00: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Brace.

Decision rationale: The MTUS is silent regarding the use of knee braces. According to the ODG, criteria for the use of knee braces: Prefabricated knee braces may be appropriate in patients with one of the following conditions: 1. Knee instability; 2. Ligament insufficiency/deficiency; 3. Reconstructed ligament; 4. Articular defect repair; 5. Avascular necrosis; 6. Meniscal cartilage repair; 7. Painful failed total arthroplasty; 8. Painful high tibial osteotomy; 9. Painful unicompartmental osteoarthritis; 10. Tibial plateau fracture. In this case, the documentation doesn't support that the patient has a qualifying diagnosis or physical exam that would necessitate the use of knee braces bilaterally. The use of bilateral knee braces are not medically necessary.

Shockwave therapy 1x bilateral wrists: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/22433113>.

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

Decision rationale: According to the MTUS, initial care that is recommended for a patient with wrist pain includes adjusting or modify workstation, job tasks, or work hours and methods, stretching, specific hand and wrist exercises for range of motion and strengthening, at-home local applications of cold packs first few days of acute complaints; thereafter, applications of heat packs, and aerobic exercise to maintain general conditioning. Initial and follow-up visits for education, counseling, and evaluating home exercise. In this case the patient has chronic wrist pain, the use of ECSWT is not medically necessary.