

Case Number:	CM15-0209696		
Date Assigned:	10/28/2015	Date of Injury:	01/16/2015
Decision Date:	12/16/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/26/2015

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: Texas, New York, 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 applicant is a represented 51-year-old who has filed a claim for chronic low back, shoulder, and wrist pain reportedly associated with an industrial injury of January 16, 2015. In a utilization review report dated October 5, 2015, the claims administrator failed to approve a request for a 'cove' for the left hand. A September 11, 2015 office visit was referenced in the determination. The claims administrator contended that it was not clear what precisely was being requested and went onto deny the article in question. The applicant's attorney subsequently appealed. On July 13, 2015, the applicant was described as using Naprosyn, a topical compounded medication, and tramadol. Multifocal complaints of shoulder, bilateral wrists, and low back pain were reported. The applicant was given a rather proscriptive 10-pound lifting limitation. It did not appear that the applicant was working with said limitations in place, although this was not explicitly stated. On September 11, 2015, the same, unchanged, rather proscriptive 10-pound limitation was again renewed. Once again, it was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. The applicant was asked to continue tramadol, topical compounded medications, and Naprosyn. A part-time "cove" for the left hand was sought. It was not clearly stated what was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cove Left Hand: Upheld

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

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

Decision rationale: No, the request for a “cove” for the left hand was not medically necessary, medically appropriate, or indicated here. It was not clearly stated precisely what the article in question represented, although it was possible that the article in question represented a splint or brace of some kind. While the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 does acknowledge that splinting is recommended as a first-time conservative treatment for carpal tunnel syndrome, de Quervain tenosynovitis, wrist strains, etc., here, again, the September 11, 2015 office visit was thinly and sparsely developed, difficult to follow, handwritten, not altogether legible, and did not clearly identify what the article in question represented. Therefore, the request is not medically necessary.