

Case Number:	CM15-0210350		
Date Assigned:	10/29/2015	Date of Injury:	10/04/2011
Decision Date:	12/10/2015	UR Denial Date:	10/20/2015
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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 58 year old female who sustained an industrial injury on (10-4-11). The injured worker reported left shoulder pain with radiation to the neck as well as wrist pain. A review of the medical records indicates that the injured worker is undergoing treatments for left shoulder rotator cuff tear, sprain of bilateral wrist, radiocarpal fracture, and wrist tendinitis. Medical records dated 9-24-15 indicate pain rated at 3-6 out of 10. Records indicate worsening pain with "simple activities of daily living." Provider documentation dated 9-24-15 noted the work status as permanent and stationary. Treatment has included Ibuprofen, rest and medication management. Objective findings dated 9-24-15 were notable for left shoulder tenderness, positive impingement and apprehension testing to the left shoulder, nonspecific tenderness to both wrist, Watson scaphoid shift test positive to the right wrist. The original utilization review (10-20-15) denied a request for PRO wrist support, left wrist, Transportation for medical appointments and Autonomic nervous system diagnostic testing, right wrist and left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRO wrist support, left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) forearm wrist and hand.

Decision rationale: The CA MTUS/ACOEM Guidelines for the treatment of forearm, wrist and hand complaints recommends short period of splinting for acute symptoms of tenosynovitis but prolonged periods can lead to weakness and stiffness. The ODG forearm, wrist and hand section recommends splinting for treating displaced fractures. Immobilization is standard for fracture healing although patient satisfaction is higher with splinting rather than casting. Treating fractures of the distal radius with casting versus splinting has no clinical difference in outcome. A recent randomized controlled study concluded that prefabricated wrist working splints are highly effective in reducing wrist pain after 4 weeks of splint wearing in patients with wrist arthritis. The findings mean that splints have about the same effect on pain as ibuprofen, the most common drug in osteoarthritis. The ODG carpal tunnel section recommends splinting of wrist in neutral position at night & day prn, as an option in conservative treatment. Use of daytime wrist splints has positive, but limited evidence. Splinting after surgery has negative evidence. In this case the worker was injured in 2011. There is no evidence of carpal tunnel syndrome or osteoarthritis in the submitted documentation. The worker is being treated for chronic wrist pain. There is no documentation whether the worker has been splinted before or has had a positive response to immobilization. Therefore the request is not medically necessary.

Transportation for medical appointments: 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) Knee & Leg, Back (Acute & Chronic) updated 7/10/12, Transportation (to and from appointments).

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of transportation. According to the ODG, Knee and Leg Chapter, recommends for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. (CMS, 2009) Note: This reference applies to patients with disabilities preventing them from self-transport who are age 55 or older and need a nursing home level of care. Transportation in other cases should be agreed upon by the payer, provider and patient, as there is limited scientific evidence to direct practice. In this case, the injured worker is 58 years old and was injured in 2011. She is being treated for neck pain, left shoulder pain and bilateral wrist pain. The exam note from 6/5/14 does not demonstrate evidence of functional impairment precluding self transportation. She has been diagnosed with bilateral wrist tenosynovitis. There are no objective measurements in the submitted documentation of wrist range of motion, grip strength testing or sensory deficits documented which would preclude the injured worker from driving. Furthermore there is no indication on the frequency and duration of appointments which

the injured worker will be required to have transportation in the request. Therefore the request is not medically necessary.

Autonomic nervous system diagnostic testing, right wrist and left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Complex Regional Pain Syndrome (CRPS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines recommend a standard autonomic protocol that compared side-to-side skin temperature, resting sweat output, and quantitative sudomotor axon reflex test (QSART) measurements are sensitive and reliable tools to formulate a correct diagnosis of CRPS I and can be combined to provide an improved set of diagnostic criteria for CRPS I. (Sandroni, 1998) (Wasner, 2002) Resting skin temperature (RST), resting sweat output (RSO), and quantitative sudomotor axon reflex test (QSART) are a recently developed test battery with some evidence to support its limited use in the diagnosis of CRPS-I. According to the ODG pain section, most formal diagnostic tests for this are laboratory based and not generally recommended. Tests include (1) the iontophoretic quantitative sudomotor axon reflex test (QSART), (2) the sialastic sweat imprint method, (3) the thermoregulatory sweat test (TST), (4) sympathetic skin response and related electrodermal activity, (5) sympathetic skin resistance and selective tissue conductance, (6) quantitative sensory testing (QST), (7) resting sweat output (RSO). In this case, there is no indication from the submitted documentation that the worker has CRPS to indicate autonomic testing. In addition there is no documentation in the submitted records that the injured worker has comorbidities such as diabetes, hypertension or congestive heart failure. The request is not medically necessary.