

Case Number:	CM15-0213662		
Date Assigned:	11/03/2015	Date of Injury:	12/21/2014
Decision Date:	12/22/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/30/2015

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: 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 49 year old female, who sustained an industrial injury on 12-21-14. The injured worker was diagnosed as having right wrist and hand pain. Treatment to date has included acupuncture, hand therapy, a home exercise program, and medication including Terocin. Physical exam findings on 9-14-15 included 4 of 5 right grip strength and swelling in the right wrist. On 8-10-15 the treating physician noted "she also reports that she is able to do her activities of daily living with the help of the medications." On 9-14-15, the injured worker complained of right wrist and hand pain. The treating physician requested authorization for Dexamethasone 4mg-ml 30ml and electrodes and anti-inflammatory lonto electrodes and lonto patch #80. On 10-14-15 the requests were non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexamethasone 4mg/ml 30cc and electrodes: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/22196293.

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 chapter/ iotophoresis.

Decision rationale: Per the MTUS guidelines, support for iontophoresis and is limited. Per ODG, iontophoresis is under study. As noted in ODG, there is limited support for iontophoresis and phonophoresis, and these are more conservative than injection for delivery of steroid therapy. Given that currently, iontophoresis is not a recommended treatment modality and is under study, this request cannot be supported. The request for Dexamethasone 4mg/ml 30cc and electrodes is not medically necessary and appropriate.

Anti-inflammatory Ionto electrodes and Ionto patch 80: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/24607207.

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 chapter/ iotophoresis.

Decision rationale: Per the MTUS guidelines, support for iontophoresis and is limited. Per ODG, iontophoresis is under study. As noted in ODG, there is limited support for iontophoresis and phonophoresis, and these are more conservative than injection for delivery of steroid therapy. Given that currently, iontophoresis is not a recommended treatment modality and is under study, this request cannot be supported. The request for Anti-inflammatory Ionto electrodes and Ionto patch 80 is not medically necessary and appropriate.