

Case Number:	CM15-0032194		
Date Assigned:	02/25/2015	Date of Injury:	10/10/1996
Decision Date:	04/13/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/20/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 68-year-old male, who sustained an industrial injury on October 10, 1996. He has reported being hit on the head. The diagnoses have included thoracolumbar spine strain, cervical spine sprain and strain, and right shoulder contusion. Treatment to date has included right shoulder surgery, right carpal tunnel release, physical therapy, and medications. Currently, the IW complains of continued neck, shoulder and wrist pain. He is noted to have tenderness in the neck area, tenderness of trapezius muscles, and right scapula area. He has a surgical scar on the right shoulder with palpable tenderness in the right lateral acromion. He has surgical scars on both wrists, and no tenderness or swelling is noted. On January 27, 2015, Utilization Review non-certified right wrist brace, and left wrist brace, and magnetic resonance imaging of the cervical spine, and transcutaneous electrical nerve stimulation unit. The MTUS, ACOEM and ODG guidelines were cited. On February 20, 2015, the injured worker submitted an application for IMR for review of right wrist brace, and left wrist brace, and magnetic resonance imaging of the cervical spine, and transcutaneous electrical nerve stimulation unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Wrist Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

Decision rationale: The patient presents with back and wrist pain. The current request is for a Right Wrist Brace. The treating physician states, "Patient complains today of numbness (B.244)." The treating physician's progress report is hand written and is mostly illegible. There is no further discussion of the current request. The ACOEM Guidelines page 265 states, "When treating with a splint in CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be at night and may be used during the day, depending upon activity." In this case, the patient has not been diagnosed with Carpal Tunnel Syndrome. The current request is not medically necessary and the recommendation is for denial.

Left Wrist Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: The patient presents with back and wrist pain. The current request is for a Left Wrist Brace. The treating physician states, "Patient complains today of numbness (B.244)." The treating physician's progress report is hand written and is mostly illegible. There is no further discussion of the current request. The ACOEM Guidelines page 265 states, "When treating with a splint in CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be at night and may be used during the day, depending upon activity." In this case, the patient has not been diagnosed with Carpal Tunnel Syndrome. The current request is not medically necessary and the recommendation is for denial.

MRI of Cervical: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Upper Back and Neck Chapter.

Decision rationale: The patient presents with back and wrist pain. The current request is for a MRI of Cervical. The treating physician states, "Patient complains today of numbness (B.244)." The treating physician's progress report is hand written and mostly illegible. There is no further discussion of the current request. In addition, ODG under the neck and upper back chapter on MRI states, "MRI imaging studies are valuable when physiologic evidence indicates tissue insult or nerve impairment or potentially serious conditions are suspected like tumor infection and

fracture or for a clarification of anatomy prior to surgery." In this case, there is no indication that the patient has any physiologic evidence of tissue insult or nerve impairment. The Treating Physician has failed to document the indicators for the MRI. The current request is not medically necessary and the recommendation is for denial.

Tens Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG) Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

Decision rationale: The patient presents with back and wrist pain. The current request is for a Tens Unit. The treating physician states, "Patient complains today of numbness (B.244)." The treating physician's progress report is hand written and mostly illegible. There is no further discussion of the current request. The MTUS Guidelines do support a 30-day trial of TENS for neuropathic pain. In this case, there is no indication that the patient has undergone a trial of TENS usage. There is little to no discussion provided in the progress report describing the rationale for a TENS Unit and its intended goal for this patient. The current request is not medically necessary and the recommendation is for denial.