

Case Number:	CM15-0033182		
Date Assigned:	02/26/2015	Date of Injury:	06/09/2014
Decision Date:	04/13/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/23/2015

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: California

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 38-year-old female, with a reported date of injury of 06/09/2014. The diagnoses include cervical sprain/strain, wrist sprain/strain, and right elbow sprain/strain. Treatments have included oral medications. The Doctor's First Report of Occupational Injury or Illness dated 01/15/2015 indicates that the injured worker complained of neck pain, numbness of three of her fingers, and left elbow pain. The neck pain was rated 6 out of 10, and the left elbow pain was rated 6-8 out of 10. The objective findings included diminished range of motion, a positive orthopedic test, and muscle tenderness. The treating physician requested a bilateral wrist brace and a five-month rental of a Multi-Stem Unit plus supplies. The rationale for the request was not indicated. On 02/06/2015, Utilization Review (UR) denied the request for bilateral wrist brace and a five-month rental of a Multi-Stem Unit plus supplies. The UR physician noted that there was no indication of the purpose of the bilateral wrist braces; there was no designation of the body part for use with the multi-stem unit; and there was no documentation of the diagnosis or the direction for the use of the bilateral wrist braces. The non-MTUS Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral wrist brace: Overturned

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 ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: The patient presents with bilateral wrist pain. The request is for BILATERAL WRIST BRACE. Physical examination to bilateral wrists on 10/14/14/ revealed decreased range of motion. Patient's diagnosis, per 10/07/14 progress report, include left carpal tunnel syndrome B, shoulder region DIS NEC L and, myalgia and myositis NOS. Patient's medication, per 10/10/14 progress report, includes Norflex. Patient's work status is modified duties. For wrist bracing/splinting, ACOEM Guidelines page 265 states, "When treating with splints and CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting would be used at night and may be used during the day depending upon activity." The treater does not provide a reason for the request. In this case, there are no physical examinations provided in the progress reports. The patient presents with bilateral wrist pain. ACOEM supports the use of braces or splints in patients with carpal tunnel syndrome. Per 10/07/14 progress report, patient's diagnosis includes bilateral carpal tunnel syndrome. Given the patient's pain symptoms and diagnosis, the request appears to be reasonable and therefore, it IS medically necessary.

Multi stem unit plus supplies for five month rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

Decision rationale: The patient presents with bilateral wrist pain. The request is for MULTI STEM UNIT PLUS SUPPLIES FOR FIVE MONTH RENTAL. Physical examination to bilateral wrists on 10/14/14/ revealed decreased range of motion. Patient's diagnosis, per 08/13/14 Request For Authorization form, include left carpal tunnel syndrome, left lateral epicondylitis, and shoulder region DIS NEC L. Patient's medication, per 10/10/14 progress report, includes Norflex. Patient's work status is modified duties. Per MTUS guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home-based trial may be considered for a specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple sclerosis. When a TENS unit is indicated, a 30-day home trial is recommended, and with documentation of functional improvement, additional usage may be indicated. The treater does not provide a reason for the request. In this case, there are no physical examinations provided in the progress reports. In review of the medical records provided, there are no records indicating prior use of a Multi Stem or a TENS unit for one month, as required by MTUS. There are no discussions regarding any outcomes for pain relief and function. MTUS allows for extended use of the unit when there is documentation of functional improvement. The request does not meet the guideline requirements and therefore, it IS NOT medically necessary.