

Case Number:	CM15-0053512		
Date Assigned:	03/27/2015	Date of Injury:	07/25/2014
Decision Date:	05/18/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/20/2015

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, Arizona

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 48-year-old female who reported an injury on 07/25/2014. The mechanism of injury involved repetitive activity. The current diagnoses include right medial epicondylitis and lumbar muscle strain. The injured worker presented on 10/02/2014 for a follow-up evaluation with complaints of low back pain, arm pain, and hand pain. Previous conservative treatment included over the counter NSAIDs, elbow bracing, and wrist bracing. The injured worker reported 8/10 right wrist and left low back pain. Upon examination of the lumbar spine, there was diffuse tenderness to palpation, full range of motion, and 5/5 motor strength. Examination of the right upper extremity revealed full range of motion of the elbow with a negative Tinel's sign, tenderness at the medial epicondyle, and 5/5 motor strength. Upon examination of the right wrist and hand, there was mild tenderness of the right dorsal wrist, full range of motion, negative Tinel's and Phalen's signs, and normal and equal grip strength. Recommendations at that time included physical therapy, home exercise, a heat/cold therapy unit, and a non-neoprene wrist brace. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multi stim unit plus supplies 5 months rental: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: The California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home based trial may be considered as a noninvasive conservative option. In this case, there was no documentation of chronic intractable pain or a significant functional limitation. There was no evidence that other appropriate pain modalities had been tried and failed, including medication. A successful 1 month trial was not documented prior to the request for a 5 month rental. Given the above, the request is not medically appropriate at this time.

Head/cold unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Heat Packs, Cold Packs.

Decision rationale: The Official Disability Guidelines recommend at home local applications of cold packs during the first few days following injury, with application of heat packs thereafter. In this case, there was no documentation of a significant musculoskeletal deficit. In addition, there was no mention of a contraindication to at home local applications of heat or cold packs as opposed to a motorized mechanical device. As the medical necessity has not been established in this case, the request is not medically appropriate.

Right elbow brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 21-22.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state there are no studies regarding the efficacy of activity modification, including work place restrictions, and no studies demonstrating that activity modification will alter the clinical course. If the patient response to treatment is inadequate, pharmaceuticals, orthotics, or physical methods can be prescribed. In this case, it was noted that the injured worker was previously treated with a right elbow brace in 09/2014, where she reported an adverse reaction to include hives after bracing of the elbow and wrist. The medical necessity for the requested durable medical equipment has not

been established. There was no documentation of a significant musculoskeletal or neurological deficit upon examination. Given the above, the request is not medically appropriate.

Right elbow wrist brace for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state when treating with a splint in carpal tunnel syndrome, scientific evidence supports the efficacy of a neutral wrist splint. Careful advice regarding maximizing activities within the limits of symptoms is imperative once red flags have been ruled out. Any splinting or limitation placed on the hand, wrist, or forearm should not interfere with activity. In this case, there was no documentation of a significant musculoskeletal or neurologic deficit upon examination. The injured worker does not maintain a diagnosis of carpal tunnel syndrome to support the necessity for a wrist brace. In addition, the injured worker had been previously treated with a right elbow and wrist brace in the past, where she reported an adverse reaction to include hives after bracing of the elbow and wrist. Given the above, the request is not medically appropriate at this time.