

Case Number:	CM15-0063135		
Date Assigned:	04/09/2015	Date of Injury:	10/09/2014
Decision Date:	05/08/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/02/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 63-year-old female with an industrial injury dated October 9, 2014. The injured worker diagnoses include open fracture of right distal radius/distal ulnar, fracture of wrist, right ilium fracture and cervical disc degeneration. She has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 3/12/2015, the injured worker reported significant pain in the wrist and continued pain and numbness in the hand and fingers. The pain was noted to be worse in the ulnar than median distribution. The injured worker also reported more pain in the right shoulder with the increasing use of the right upper extremity. Objective findings revealed decreased swelling in the arm, hand and fingers. Objective findings also revealed tenderness at the dorsal wrist, decreased sensitivity to light touch in the ring and little finger, inability to make a fist and antalgic gait. The treating physician prescribed durable medical equipment (DME) supplies (nonspecific), now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME supplies (unspecific): 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 FDA in 42 CFR 414.202.

Decision rationale: In this case, it is known that there is right wrist pain allegedly from a fracture of the wrist. There was numbness reported in the hands and fingers. It is not clear what specific DME supplies was being requested. Durable Medical Equipment, as defined by the FDA in 42 CFR 414.202, is equipment which is furnished by a supplier or home health agency that: 1. Can withstand repeated use. 2. Is primarily and customarily used to serve a medical purpose. 3. Is generally not useful to the individual in the absence of an illness or injury, and is appropriate for use in the home. In this case, it is not at all clear what the DME is, and what expendable supplies need to be replenished. There is insufficient information to attest to clinical necessity. The request is appropriately not medically necessary.