

Case Number:	CM15-0089336		
Date Assigned:	07/23/2015	Date of Injury:	12/18/2013
Decision Date:	08/24/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/08/2015

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: North Carolina

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:

This 48 year old woman sustained an industrial injury on 12/18/2013. The mechanism of injury is not detailed. Evaluations include undated electromyogram/nerve conduction studies. Diagnoses include bilateral carpal tunnel syndrome, bilateral ulnar nerve compression of the elbow, bilateral De Quervain's disease, and cervical and lumbar spine strain. Treatment has included oral medications. Physician notes from an orthopedic re-evaluation dated 3/12/2015 show complaints of neck and back pain, depression, and bilateral upper extremity pain with numbness, tingling, dropping things, and weakness of the hands. Recommendations include send neurology reports and testing, Elavil, Tramadol, Mobic, acupuncture, [physical therapy, bilateral wrist brace, bilateral elbow flotation pads, electrical heating pad, [possible surgical intervention in the future, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral electric heating pads: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 27; 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263.

Decision rationale: Adjust or modify workstation, job tasks, or work hours and methods such as: Stretching, Specific hand and wrist exercises for range of motion and strengthening, At-home local applications of cold packs the first few days of acute complaints; thereafter, applications of heat packs, Aerobic exercise to maintain general conditioning, and Initial and follow-up visits for education, counseling, and evaluating home exercise. Heat packs are recommended but the need for electrical heating pads versus heat pack is not established in the clinical documentation. Therefore the request is not medically necessary.

Bilateral wrist braces: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-265.

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

Decision rationale: The ACOEM chapter on wrist complaints states: When treating with a splint in CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night, and may be used during the day, depending upon activity. The patient has documented carpal tunnel syndrome and therefore the request is medically necessary.