

Case Number:	CM13-0004840		
Date Assigned:	07/02/2014	Date of Injury:	04/22/2011
Decision Date:	07/29/2014	UR Denial Date:	06/27/2013
Priority:	Standard	Application Received:	07/26/2013

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. The expert reviewer is Board Certified in Rheumatology and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 66 year old female with date of injury 4/22/2011. The mechanism of injury is stated as repetitive injury/ overuse. The patient has complained of bilateral wrist pain and shoulder pain since the date of injury. She has been treated with carpal tunnel surgery bilaterally, physical therapy and medications. There are no radiographic reports included for review. Objective: tenderness to palpation of the bilateral cervical spine and upper thoracic spine musculature, bilateral shoulder tenderness to palpation, bilateral scars at the wrists. Diagnoses: carpal tunnel syndrome bilaterally, shoulder sprain bilaterally. Treatment plan and request: wrist splint, BioMed unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME (durable medical equipment) review wrist brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: This 66 year old female has complained of bilateral shoulder and wrist pain since the date of injury 4/22/2011. She has been treated with surgery, physical therapy and medications. The current request is for a wrist splint. Per the ACOEM guideline cited above,

wrist splints are an optional treatment for wrist pain. The available medical records do not include any recent discussion or rationale for the use of wrist splints at the time of request nor do they document any ongoing symptomatology or response to previously tried therapies. On the basis of this lack of documentation, wrist splints is indicated as not medically necessary in this patient.

Bio med unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: This 66 year old female has complained of bilateral shoulder and wrist pain since the date of injury 4/22/2011. She has been treated with surgery, physical therapy and medications. The current request is for a BioMed unit (TENS unit). Per the MTUS guideline cited above, a 1 month trial of TENS unit therapy should be documented including documentation of how often the TENS unit was used as well as outcomes in terms of pain relief and function with use of the TENS unit. The available medical records included for review do not include this documentation. On the basis of the cited MTUS guideline and the lack of documentation, a BioMed (TENS unit) is not indicated as medically necessary.