MAXIMUS Federal Services

Case Number:	CM13-0008694		
Date Assigned:	03/26/2014	Date of Injury:	04/09/2012
Decision Date:	05/20/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/08/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 54-year-old female who reported an injury on 04/09/2012, as a result of cumulative trauma. Current diagnoses include cervical spine herniated nucleus pulposes with radiculopathy, bilateral shoulder impingement syndrome, bilateral wrist and hand sprain, and chemical exposure. The injured worker was evaluated on 05/09/2013. The injured worker reported persistent pain over multiple areas of the body. Physical examination was not provided. Treatment recommendations included physical therapy, an interferential unit, and electrodiagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE PURCHASE OF A RIGHT WRIST BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 271-273.

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 neutral wrist splints. Splinting should be used at night and may be used during the day depending on activity. There was no physical examination provided for review. Therefore, there is no evidence of

significant instability or a musculoskeletal deficit. Therefore, the medical necessity has not been established. As such, the request is not medically necessary and appropriate

THE PURCHASE OF AN INTERFERENTIAL UNIT WITH HOT AND COLD PADS: 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): 117-121.

Decision rationale: The California MTUS Guidelines state interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments including return to work, exercise, and medications. As per the documentation submitted, there is no indication that this injured worker has failed to respond to conservative measures. Guidelines further state, if the device is to be used, a 1-month trial should be initiated. There is no total duration of treatment specified in the current request. Therefore, the request is not medically necessary and appropriate

THE PURCHASE OF A LEFT WRIST BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

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 neutral wrist splints. Splinting should be used at night and may be used during the day depending on activity. There was no physical examination provided for review. Therefore, there is no evidence of significant instability or a musculoskeletal deficit. Therefore, the medical necessity has not been established. As such, the request is not medically necessary and appropriate