

Case Number:	CM13-0034812		
Date Assigned:	12/11/2013	Date of Injury:	04/29/2013
Decision Date:	02/05/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation, and is licensed to practice in California. 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 physician 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 claimant is a 53 year old male who suffered a work-related injury in February of 2012 due to repetitive work activities. He continues to experience right shoulder/arm, right forearm, right wrist/hand, and left wrist/hand problems. The applicant lost about one week from work. He received testing as a result of this injury. He also received treatment. He denies having completely recovered from this injury. The patient denied any ongoing, pre-existing right shoulder/arm, right forearm, right wrist/hand, or left wrist/hand problems. He primarily attributed his right shoulder/arm, right forearm, right wrist/hand, and left wrist/hand problems to computer use at work. He also feels that his condition was worsened as a compensable consequence of this injury. Emotional stress from the injury resulted in onset of head problems, anxiety/depression problems, and sleep problems on 4/29/13. Testing for this injury consisted of X-rays, MRI scanning, and upper extremity electrodiagnostic studies. X-rays were last performed in June of 2013, and last had an MRI in June of 2013. The patient was provided physical modalities and prescription medication as treatment for this injury; he denied receiving either injections or surgery. He has been seen by three doctors. The applicant complains of numbness and tingling sensation of the right five fingers. His right shoulder/arm pain is sharp and radiates to the right forearm. This pain occurs 100% of the time, and interferes with the applicant's ability to carry, lift, pull, push, reach above the shoulder, and reach overhead. The right forearm pain is sharp and radiates to the right wrist. This pain occurs 50% of the time, and interferes with the applicant's ability to use a keyboard. The right wrist/hand pain is dull, and radiates to right shoulder. This pain occurs 60-65% of the time, and interferes with the applicant's ability to carry, grab, grip forcefully, grip lightly, grip repetitively, lift, pull, and push. The left wrist/hand

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for the purchase of VQ Bionicare Brace (glove): 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): 19,45.

Decision rationale: The California MTUS is mute on this topic. The BioniCare Hand System manufactured by VQOrthocare was developed using a mild, pulsed electrical signal clinically proven to reduce pain and symptoms of osteoarthritis in the knee. This technology is now available for the treatment of rheumatoid arthritis (RA) of the hands. BioniCare delivers a unique signal that improves the RA condition, rather than just blocking pain like TENS units, commonly prescribed for pain control. The BioniCare signal is not felt by the patient and provides significant relief of the pain and stiffness of RA. According to manufacturers product information on the internet, with BioniCare, you get relief of the pain and symptoms without the risks and serious side effects associated with other treatments, such as non-steroidal anti-inflammatory drugs, cortisone, and disease modifying drugs. The device is experimental in nature with no clinically validated studies published regarding the effectiveness or efficacy of this device. The MTUS recommended wrist braces for management of Pronator Syndrome, and wrist splints for carpal tunnel syndrome. Therefore the request for VQ Bionicare Brace (Glove) for right wrist/hand is not medically necessary.