MAXIMUS Federal Services

Case Number:	CM14-0123023		
Date Assigned:	09/25/2014	Date of Injury:	07/08/2013
Decision Date:	11/13/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	08/01/2014

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 Occupational Medicine 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 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:

This case is a 49-year-old female employee with a date of injury on 7/8/2013. A review of the medical records indicate that the patient has been undergoing treatment for overuse syndrome of the cervical spine/lumbar spine/right shoulder, and bilateral wrist pain. Subjective complaints (6/23/2014) include 6/10 cervical pain, shoulders, elbows, hands and 6/10 pain to lumbar spine. Objective findings (6/23/2014) include left C5 radiculopathy, (4/28/2014) decreased cervical range of motion, (2/26/2014) swelling/spasms, weakness of bilateral wrists. Nerve conduction studies performed on 2/19/2014 indicate normal NCV/SSEP of upper extremities without evidence of neuropathy. Treatment has included physical therapy (unknown number of sessions), chiropractic therapy (unknown number of sessions), cervical pillow, pain management consult, and medications. A utilization review dated 7/1/2014 non-certified a request for-Hot/Cold therapy unit-Wrist brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot/Cold therapy unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG forearm, Wrist and Hand (updated 2/18/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Continuous-flow cryotherapy

Decision rationale: MTUS and ACOEM are silent regarding this topic. The treating physician writes "vial wrap system - hot/cold therapy unit - C/S" for his treatment plan on 4/2014. ODG states, "Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated." There is not indication that the patient is postopertive, which is the indication for cold therapy unit. As such, the request for Hot/Cold therapy unit is not medically necessary.

Wrist brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG forearm, Wrist and Hand (updated 2/18/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262-264, 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm Wrist Hand, Splint

Decision rationale: MTUS is silent with regards to wrist brace. ACOEM states regarding wrist immobilization, "Splinting of wrist in neutral position at night & day" may be indicated for carpal tunnel syndrome and "Limit motion of inflamed structures with wrist and thumb splint". ACOEM further states "Limit motion of inflamed structures" for tendinitis and tenosynovitis, but does not specify with splinting. Medical records do not indicate a diagnosis of carpal tunnel syndrome. Additionally, the "wrist pain" described is not specific for tenosynovitis or tendinitis.ODG refers to splinting section for braces, "Recommended for treating displaced fractures. Immobilization is standard for fracture healing although patient satisfaction is higher with splinting rather than casting." "Following tendon repair: Recovery of finger function after primary extensor tendon repair depends on the complexity of trauma and the anatomical zone of tendon injury. Static splinting is an appropriate tool after primary extensor tendon repair in Verdan's zone 1, 2, 4 and 5, whereas injuries in zones 3 and 6 may demand for a different treatment regimen." "Arthritis: A recent randomized controlled study concluded that prefabricated wrist working splints are highly effective in reducing wrist pain after 4 weeks of splint wearing in patients with wrist arthritis." "For rheumatoid arthritis, there was generally a positive effect of splint use on hand function; however, perceived splint benefit was marginal. For most tasks splint use improved or did not change pain levels, did not interfere with work performance, increased or maintained endurance, and did not increase perceived task difficulty." Medical records do not indicate a displaced fracture, tendon repair, arthritis, rheumatoid athritis of the wrists, which are possible indications for a wrist splint/brace.As such, the request for Wrist brace is not medically necessary.