

Case Number:	CM14-0138997		
Date Assigned:	09/05/2014	Date of Injury:	07/15/1999
Decision Date:	10/14/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/27/2014

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:

The injured worker is a represented [REDACTED] employee, who has filed a claim for chronic low back and hand pain reportedly associated with an industrial injury of July 15, 1999. Thus far, the injured worker has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier knee arthroscopies; earlier ulnar nerve release surgeries; and the apparent imposition of permanent work restrictions. The injured worker's case has been complicated by comorbid schizophrenia, it has been suggested. Requests for a lumbar support and thumb brace were apparently denied through the utilization review system. The applicant's attorney subsequently appealed, on September 19, 2014. In a progress note dated December 18, 2013, the injured worker reported persistent complaints of back pain, neck pain, headaches, hand pain, and wrist pain. The injured worker stated that his lumbar support and wrist brace were worn out. The injured worker stated that his lumbar support has worn out. The injured worker tripped and fell straining his thumb and wrist, it was stated. Ativan was apparently endorsed. A new lumbar support and wrist splint were furnished. The injured worker was asked to follow up on an as needed basis. X-rays of the wrist were negative for fracture. The injured worker did exhibit some tenderness about the thumb.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 12, page 301, lumbar supports are not recommended outside of the acute phase of the symptom relief. In this case, the injured worker was well outside of acute phase of symptom relief following an industrial injury of July 15, 1999. Provision and/or ongoing use of the lumbar support are not indicated at this late stage in the life of the claim, per ACOEM. Therefore, the request is not medically necessary.

Left thumb splint: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 11, table 11-7, page 272, splinting is "recommended" as a first line conservative treatment for strains of the wrist, forearm, and hand, as was evident here on the date in question. The injured worker recently tripped and fell, sustaining an acute strain type injury of the wrist and thumb. Provision of the wrist/thumb support was indicated to ameliorate the same. Therefore, the request is medically necessary.