MAXIMUS Federal Services

Case Number:	CM14-0163050		
Date Assigned:	10/08/2014	Date of Injury:	03/04/2011
Decision Date:	11/07/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/03/2014

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 Physical Medicine & Rehabilitation 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 50-year-old female who reported an injury on 03/04/2011. The mechanism of injury was not submitted for this review. The injured worker's prior treatment history included MRI studies, medications, surgery, physical therapy, topical creams, cervical medial branch facet block, and functional restoration program. The injured worker was evaluated on 09/25/2014 and it was documented the injured worker complained of pain along the left wrist and right wrist. The provider noted the injured worker was taking only medications as prescribed and reported her medications continue to reduce her pain level with minimal side effects. She reported that, with the reduction of her pain, she does have improved function and was able to do more in and outside of the home such as basic household activities of daily living such as cooking, cleaning, and shopping, and had increased endurance and tolerance for such activities. She reported that she was emotionally stable and less irritable and emotionally labile than without medications. It was documented the injured worker stated the pain was "killing me", and driving was so difficult to come from [redacted]. She had sharp burning pain in the palm of her hand. She reported when she grasped, she felt her pain radiated to the right shoulder/trapezius area. She states gripping the steering wheel is unbearable for her. The physical examination of the wrist revealed no erythema, swelling, symmetry, atrophy, or deformity. No limitation was noted in palmar flexion, dorsiflexion, ulnar deviation, radial deviation, pronation, or supination. Tinel's sign and Phalen's sign were negative. Tenderness to palpation was noted over the ulnar side and TFCC. Diagnoses included causalgia upper limb, extremity pain, RSD upper limb, shoulder pain, cervical facet syndrome, and spasm of muscles. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Driver to and from medical visit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Transportation (to & from appointments) Knee & Leg.

Decision rationale: The request for driver to and from medical visit is not medically necessary. The Official Disability Guidelines (ODG) recommends transportation for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. Note: This reference applies to patients with disabilities preventing them from self-transport who are age 55 or older and need a nursing home level of care. Transportation in other cases should be agreed upon by the payer, provider and patient, as there is limited scientific evidence to direct practice. Per the guidelines, transportation is medically necessary to appointments and from appointments for patients with disabilities preventing them from self transport. You must be age 55 or older; however, the injured worker is 50 years old and does not require a nursing home level of care. As such, the request for Driver to and from medical visit is not medically necessary.

Left Wrist Sleeve: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

Decision rationale: The request for wrist splint is not medically necessary. According to MTUS/ACEOM state that Careful advice regarding maximizing activities within the limits of symptoms is imperative once red flags have been ruled out. Any splinting or limitations placed on hand, wrist, and forearm activity should not interfere with total body activity in a major way. Strict elevation can be done for a short period of time at regular intervals. On progress note dated 09/25/2014, the injured worker's physical examination revealed no limitation was noted in palmar flexion, dorsiflexion, ulnar deviation, radial deviation, pronation, or supination. There was tenderness to palpation noted over the ulnar side and TFCC. However, the provider failed to indicate the injured worker having severe limitations to warrant a left wrist sleeve. As such, the request for Left Wrist Sleeve is not medically necessary.