

Case Number:	CM14-0210825		
Date Assigned:	12/24/2014	Date of Injury:	12/07/2006
Decision Date:	03/04/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: North Carolina
 Certification(s)/Specialty: Family Practice

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 patient is a 68 year old with a reported injury date of 12/07/2006, 1975-07/28/2007 and 1993. The patient has the diagnoses of cervical spine sprain/strain, lumbar spine sprain/strain, radiculopathy, internal derangement of the bilateral knees, tendonitis and impingement of the bilateral shoulders, status post right carpal tunnel release, left carpal tunnel syndrome and De Quervain's disease. Per the progress notes provided for review from the primary and requesting physician, the patient had complaints of continued pain in the neck, low back, bilateral shoulders, upper extremities and bilateral knees. The patient also had complaints of stomach irritation, sleep issues and depression. Objective findings noted MRI of right shoulder tear, MRI showing left shoulder tear, MRI showing right wrist tear, EMG showing upper extremity left cubital tunnel syndrome, tenderness and pain and limited range of motion. No more specifics details were given. Treatment plan recommendations included continued follow up with pain management for pain medications, transportation to appointments due to distance, larger motor for scooter and a lift for the patient's truck, Tri-lift and a walker with seat, bilateral knee supports with hinges and bilateral wrists supports.

IMR ISSUES, DECISIONS AND RATIONALES

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

Walker w/ Seat: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)walker.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. Per the Official Disability Guidelines section on walkers, they are medically indicated in patient with knee pain associated with osteoarthritis. Per the progress reports, the patient has lower extremity spasms and weakness. The patient already uses a power scooter for ambulation. The patient does have the diagnoses of lower extremity internal derangement of the bilateral knees. The ODG suggest the use of walkers when there is deficits of the lower extremities that require assistance in ambulation which this patient clearly has as evidence by the provided documentation. Therefore the request is certified.

Bilateral Knee Supports: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

Decision rationale: Per the ACOEM chapter on knee complaints, table 13-3 list the following as optional treatment measures for different knee injuries:Cruciate ligament tear: crutches, knee immobilizer and quadriceps/hamstring strengthening.Meniscus tears: quadriceps strengthening, partial weight bearing, knee immobilizer as needed.Patellofemoral syndrome: knee sleeve, quadriceps strengthening and avoidance of knee flexion.The patient does have the diagnoses of internal derangement of the knees but does not have the diagnoses of cruciate ligament tear, meniscus tear or patellofemoral syndrome. Therefore the need for knee braces have not been established and the request is not certified.

Bilateral wrist supports: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS 2010 Revision, web edition. Official Disability Guidelines: Chapter Knee/Leg, Chapter Forearm, Wrist, Hand Web edition

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

Decision rationale: Per the ACOEM chapter on forearm, wrists and hand complaints:When treating with a splint in CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night, and may be used during the day, depending upon activity. Table 11-4 also states that limited motion of the wrists with splints is recommended in the

treatment of DeQuervains tenosynovitis. This patient has this diagnosis and therefore the request is medically necessary and approved.