

Case Number:	CM14-0216346		
Date Assigned:	01/06/2015	Date of Injury:	06/18/2008
Decision Date:	02/28/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/24/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 is a patient with a date of injury of 6/18/08. A utilization review determination dated 11/25/14 recommends non-certification/modification of thumb spica splint, bilateral knee braces, and home PT. 9/17/14 medical report is mostly illegible but appears to identify de Quervain's test positive on the right and positive trigger point myospasms. Recommendations include a knee brace, wrists splints, PT, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thumb spica splint for the right wrist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG Forearm, Wrist & Hand (updated 11/13/14) Splints

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

Decision rationale: Regarding the request for a wrist splint, California MTUS does support splinting as first-line conservative treatment for multiple wrist/hand conditions including de Quervain's. Within the documentation available for review, there is documentation suggestive of a diagnosis of de Quervain's tenosynovitis. In light of the above, the currently requested wrist splint is medically necessary.

Bilateral knee braces for support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG Leg & Knee (updated 10/27/14) Knee brace

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: Regarding the request for knee braces, Occupational Medicine Practice Guidelines state that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. Within the documentation available for review, there is no indication that the patient has a condition for which a knee brace is indicated as outlined above. In the absence of such documentation, the currently requested knee braces are not medically necessary.

Home physical therapy for wrist/hands: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation ODG Forearm, Wrist & Hand (updated 11/13/14) Physical therapy/Occupational therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend up to 10 sessions with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is no documentation of specific objective functional improvement with any previous PT sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, an open-ended request is not supported and, unfortunately, there is no provision for modification of the current request. Finally, there is no documentation supporting the medical necessity of home PT rather than standard outpatient PT. In light of the above issues, the currently requested physical therapy is not medically necessary.