

Case Number:	CM15-0009831		
Date Assigned:	01/30/2015	Date of Injury:	10/17/2014
Decision Date:	03/23/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/16/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 41 year old female, who sustained an industrial injury on 10/17/14 due to heavy lifting. She has reported neck, lower back, right shoulder, wrist and hand. The diagnoses have included carpal tunnel syndrome, strain/sprain of lumbar region, thoracic strain, wrist strain, shoulder sprain/strain, migraine and depression. Treatment to date has included medications, conservative measures and physical therapy. Currently, the injured worker complains of neck pain into bilateral shoulders, right shoulder pain, right wrist pain and low back pain. There was wrist pain with numbness and tingling. She had sleeping difficulties with headaches, stress, anxiety, depression and chronic pain. She states she has headaches secondary to the pain. Physical exam revealed positive compression test, positive shoulder depression test, positive spasms, and positive Kemp's test bilaterally, positive impingement test, positive Phalen's test and decreased median nerve sensation. There were no diagnostics submitted. On 12/17/14 Utilization Review non-certified a request for Right Wrist Brace, Lumbar Spine Brace or Support and Cervical Spine Pillow, noting that based on the clinical information and evidenced based guidelines the requests for Right Wrist Brace, Lumbar Spine Brace or Support and Cervical Spine Pillow is non certified. The Official Disability Guidelines (ODG) and (ACOEM) Occupational Medicine Practice Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Wrist Brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264 - 265.

Decision rationale: The patient has a diagnosis of carpal tunnel syndrome and wrist splint/brace is a ACOEM recommended treatment for this condition as noted on page 264 and 265 in ACOEM Chapter 11. When her job requires multiple manuevers of range of motion of the wrist, a splint or brace that prevents that complete range of motion and places the wrist in a neutral position is a recommended treatment.

Lumbar Spine Brace or Support: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 11/21/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: ACOEM specifically lists lumbar support in the list of treatments not recommended on page 300. The requested lumbar brace and support does not improve the long term functional outcome pf patients with back pain and is not medically necessary for this patient.

Cervical Spine Pillow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck & Upper Back (updated 11/18/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165 - 188.

Decision rationale: While a cervical collar for one or two days after an acute injury is a recommended treatment, the use of a cervical spine pillow is not an ACOEM recommended treatment for neck and upper back complaints. It is not medically necessary and there is no objective documentation that the use of a cervical pillow improves the long term health outcome of the patient's condition.