

Case Number:	CM15-0014204		
Date Assigned:	02/04/2015	Date of Injury:	09/26/2014
Decision Date:	03/25/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/26/2015

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: 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:

The male injured worker suffered an industrial injury on 9/26/2014. The diagnoses were left shoulder pain, low back pain with radiculopathy and left wrist pain. The treatments were physical therapy and medications. The treating provider reported pain 9/10 in all affected joints. There was left wrist bruising, swelling, tenderness. Also the back showed swelling, bruising and lumbar spine tenderness with restricted range of motion. The Utilization Review Determination on 1/9/2015 non-certified retrospective request for back support and wrist support citing ACOEM, ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for back support purchase: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar supports

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

Decision rationale: Regarding the request for a back support, ACOEM guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Within the documentation available for review, the request was apparently made just after the patient's injury and the provider noted low back pain with bruising, tenderness, swelling, and limited ROM. In light of the above, the currently requested back support is medically necessary.

Retrospective request for wrist support, purchase: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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 support, California MTUS does support splinting as first-line conservative treatment for multiple wrist/hand conditions including strains, although long-term immobilization is discouraged. Within the documentation available for review, the patient had an acute injury at the time of the request with wrist bruising, swelling, and tenderness. In light of the above, the currently requested wrist support is medically necessary.