

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0015652 | | |
| Date Assigned: | 02/03/2015 | Date of Injury: | 03/26/2009 |
| Decision Date: | 03/19/2015 | UR Denial Date: | 12/30/2014 |
| Priority: | Standard | Application Received: | 01/27/2015 |

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: Massachusetts

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 injured worker is a 42 year old female who sustained an industrial injury on 03/26/2009. The current diagnoses include right elbow medial/lateral epicondylitis with probable carpal tunnel syndrome, right wrist flexor and extensor tendonitis with possible recurrent carpal tunnel syndrome, and trigger finger in all fingers. Treatments to date include medication management, previous extracorporeal shockwave therapy, and bracing. Report dated 12/16/2014 noted that the injured worker presented with complaints that included continued pain in elbow and wrist. Physical examination was positive for abnormal findings. The utilization review performed on 12/30/2014 non-certified a prescription for 1 replacement of right wrist brace and unknown shock wave treatment right elbow based on the clinical information submitted the requests do not appear to be clinically substantiated. The reviewer referenced the ACOEM and Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement of right wrist brace: 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- Forearm, Wrist, & Hand (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Carpal Tunnel Syndrome (Acute & Chronic) Brace

Decision rationale: The claimant is more than 6 years status post work-related injury and continues to be treated for diagnoses of lateral epicondylitis and probable carpal tunnel syndrome. In the treatment of carpal tunnel syndrome, guidelines recommend splinting of the wrist in neutral position at night and during the day as needed as an option in conservative treatment. The claimant has worn a brace with benefit which is supported by the need for its replacement. Therefore the left wrist brace was medically necessary.

Unknown shock wave treatment right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 9 Shoulder Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Elbow (Acute & Chronic), Extracorporeal shockwave therapy (ESWT)

Decision rationale: The claimant is more than 6 years status post work-related injury and continues to be treated for diagnoses of lateral epicondylitis and probable carpal tunnel syndrome. Research trials of extracorporeal shockwave therapy (ESWT) have yielded conflicting results and its value, if any, can presently be neither confirmed nor excluded. Criteria for its use include patients whose pain has remained despite six months of at least three conservative treatments including rest, ice, nonsteroidal anti-inflammatory medication, orthotics, physical therapy, and injections. A maximum of 3 therapy sessions over 3 weeks can be recommended. In this case, the claimant has chronic epicondylitis and has previously undergone shockwave treatments. However, the number of treatments being requested is not specified and, therefore, as submitted, not medically necessary.