

Case Number:	CM15-0110272		
Date Assigned:	06/19/2015	Date of Injury:	04/04/2007
Decision Date:	07/28/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/08/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54 year old female who sustained an industrial injury on 04/04/2007. Mechanism of injury was not documented. Diagnoses include bilateral DeQuervain's tenosynovitis, bilateral wrist pain, bilateral first digit pain, and left knee pain. Treatment to date has included diagnostic studies, medications, use of braces, and injections. A physician progress note dated 04/29/2015 documents the injured worker has pain in the bilateral hand /wrist pain and left knee pain. She has pain at the first MCP joint and the CMC joint and along the first dorsal compartment. Thumb abduction braces were used in the past and had helped. She has a history of left knee chondromalacia patella, and responded very well to Euflexxa injections in the past. There is a positive Finkelstein's and grind test at the first MCP and first CMC in the left hand and right hand. There is a slight effusion and positive Chandelier test in the left knee. X rays of the hands done with this visit revealed sclerotic changes the first MCP joints in both hands. The treatment plan includes a computed tomography scan of the left wrist/forearm, left thumb abduction support (for nightly use), and right thumb abduction support (for nightly use). Treatment requested is for 2 Inch coban tape (case), Euflexxa injections under ultrasound guidance to Left knee (series) x 3, Thermacare Heat Wraps (Neck and Wrists).

IMR ISSUES, DECISIONS AND RATIONALES

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

Theramcare Heat Wraps (Neck and Wrists): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

Decision rationale: ACOEM recommends use of low-tech forms of heat or cold at home. The records do not provide an alternate rationale to support the need for heat wraps. This request is not medically necessary.

2 Inch coban tape (case): Overturned

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

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

Decision rationale: ACOEM guidelines recommend limiting motion of inflamed structures. A prior physician review concluded that Coban tape was not medically necessary because the patient could instead use thumb abduction orthotics. However, the treatment guidelines do not express a preference to one form of immobilization over another. This request is medically necessary.

Euflexxa injections under ultrasound guidance to Left knee (series) x 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg.

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

Decision rationale: ODG recommends hyaluronic acid injection or viscosupplementation for patients with DJD of the knee refractory to initial conservative treatment and considering viscosupplementation in order to avoid or delay the need for total knee arthroplasty. The records in this case do not document advanced osteoarthritis of the knee meeting this guideline; this request is not medically necessary.