

Case Number:	CM15-0127692		
Date Assigned:	07/14/2015	Date of Injury:	05/10/2011
Decision Date:	08/13/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	07/02/2015

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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 5/10/11. She reported pain in her left wrist and hand. The injured worker was diagnosed as having bilateral carpal tunnel syndrome. Treatment to date has included physical therapy, an EMG/NCS of the upper extremities in 2012 and a left De Quervain's release on 11/13/14. As of the PR2 dated 5/5/15, the injured worker reports slight symptoms in the left wrist and hand. She continues to have symptoms in the right wrist and hand related to overuse. Objective findings include tenderness to palpation in the right wrist, a positive Finklestein's test and decreased range of motion. The treating physician has recommended a right De Quervain's release. The treating physician requested post-operative DME.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Op DME: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg Ch (updated 07/10/15): Durable medical

equipment (DME)ODG Forearm, Wrist & Hand (Acute & Chronic, revised 6/29/15): Bone growth stimulators; Continuous passive motion (CPM); Electrical stimulators; Lymphedema pumps; Paraffin wax baths; Static Progressive stretch therapy.

Decision rationale: MTUS is silent concerning postoperative durable medical equipment. ODG defines durable medical equipment as follows: The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. (CMS, 2005) ODG Forearm, Wrist & Hand Chapter provides recommendations for or against several types of DME, such as bone growth stimulators, electrical stimulators, paraffin wax baths, continuous passive motion machines, lymphedema pumps, and static progressive stretch devices, with patient selection criteria. ODG does not provide recommendations for any specific type of DME following DeQuervain's release. Due to lack of specific description of type or duration of DME requested, as well as lack of a postoperative evaluation including clinical findings which would support necessity for the use of any specific DME, the request is not medically necessary or established.