

Case Number:	CM15-0170404		
Date Assigned:	09/11/2015	Date of Injury:	07/04/2013
Decision Date:	10/08/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	08/28/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 38 year old male, who sustained an industrial injury on 7-4-2013. He reported injuring bilateral upper extremities from lifting activity. Diagnoses include left hand carpal tunnel syndrome, left shoulder tendinopathy, Complex Regional Pain Syndrome (CRPS), and psychosomatic discomfort. Treatments to date include activity modification, wrist brace, medication therapy, physical therapy, psychotherapy, and cortisone injections to the left upper extremity and stellate ganglion blocks to left C6 and C7. Currently, he complained of ongoing pain in the left upper extremity, the medical records indicated there was no sensation in the left hand with exacerbation of pain with light touch. On 4-9-15, the physical examination documented left shoulder tenderness, decreased range of motion and decreased strength in the left side. Physical therapy and psychotherapy documentation indicated successful treatments and discharge to home exercises followed in the months that followed. This appeal requested authorization for S-Shaped Device for the left upper extremity. The Utilization Review dated 8-24-15, denied the request stating "appropriate ongoing treatment can be obtained with a home exercise program" per the ODG-TWC 2015 DME (Durable Medical Equipment) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

S-shaped device for the left upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC 2015 DME Durable medical equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) durable medical equipment.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested item. Per the Official Disability Guidelines section on durable medical equipment, DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. DME equipment is defined as equipment that can withstand repeated use i.e. can be rented and used by successive patients, primarily serves a medical function and is appropriate for use in a patient's home. The equipment itself is not rentable or able to be used by successive patients. It does not serve a primary medical purpose that cannot be accomplished without it. Therefore criteria have not been met per the ODG and the request is not medically necessary.