MAXIMUS Federal Services

| Case Number: | CM15-0171997 | | |
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| Date Assigned: | 09/14/2015 | Date of Injury: | 06/12/2015 |
| Decision Date: | 10/21/2015 | UR Denial Date: | 08/05/2015 |
| Priority: | Standard | Application Received: | 09/01/2015 |

## 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: Texas, New York, California
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 applicant is a represented [redacted] beneficiary who has filed a claim for hand, wrist, neck, knee, and low back pain reportedly associated with an industrial injury of June 12, 2015. In a Utilization Review report dated August 1, 2015, the claims administrator failed to approve a request for bilateral thumb spica cast, bilateral knee sleeves, and a lumbar spine support. A June 26, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. In a Doctor's First Report (DFR) dated June 26, 2015, the applicant reported ongoing complaints of neck, shoulder, low back, knee, and leg pain with derivative complaints of headaches and psychological stress reportedly associated with cumulative trauma at work over the preceding 16 years of employment. The applicant exhibited tenderness over the MCP joints of the bilateral thumbs. The applicant was given diagnoses of bilateral knee strains, bilateral wrist strains versus carpal tunnel syndrome and bilateral wrist de Quervain's tenosynovitis. The applicant was placed off of work, on total temporary disability while bilateral thumb spica splint, a lumbar support, and bilateral knee sleeves were endorsed. Multiple oral and topical medications were furnished while the applicant was placed off of work, on total temporary disability. Genetic testing was sought.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral thumb spica cast purchase:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand, Splints.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary.

**Decision rationale:** Yes, the request for an bilateral thumb spica splint/cast was medically necessary, medically appropriate, and indicated here. One of the stated diagnoses here was that of bilateral de Quervain's tenosynovitis. As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272, splinting is "recommended" as a first-line conservative treatment for de Quervain's tenosynovitis, i.e., one of the operating diagnoses present here. Therefore, the request was medically necessary.

**Bilateral knee sleeve:** 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), Knee & Leg, Knee brace.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Activity Alteration.

**Decision rationale:** Conversely, the request for bilateral knee sleeves was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 13, page 340, for the average applicant using a knee brace is "usually unnecessary." Rather, the MTUS Guideline in ACOEM Chapter 13, page 314 notes that knee braces are generally necessary only if an applicant is going to be stressing the knee under load, such as by climbing ladders or carrying boxes. Here, however, the applicant was placed off of work, on total temporary disability, on June 26, 2015. It did not appear likely the applicant would be stressing the knee under load by climbing ladders and/or carrying boxes, given the fact that he was, in fact, off of work. Therefore, the request was not medically necessary.

**Lumbar spine support:** 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), Low Back, Lumbar supports.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

**Decision rationale:** Finally, the request for a lumbar spine support was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM

Chapter 12, page 301, lumbar supports have not been shown to have any benefit beyond the acute phase of symptom relief. Here, the applicant was seemingly outside of the acute phase of symptom relief as of the date of the request, June 26, 2015, after having reported ongoing issues with low back pain associated with cumulative trauma over the preceding 16 years of employment. Introduction of the lumbar support at issue was not, thus, indicated as of this date in the course of the claim, per the MTUS Guideline in ACOEM Chapter 12, page 301. Therefore, the request was not medically necessary.