

Case Number:	CM15-0175408		
Date Assigned:	09/16/2015	Date of Injury:	07/24/2013
Decision Date:	12/01/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/04/2015

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: California, Arizona

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 58 year old female who sustained an industrial injury on July 24, 2013. A recent primary treating office visit dated January 28, 2015 reported present subjective complaint of persistent intermittent bilateral wrist pains. She states that "she has numbness and tingling sensation in her hands." She also states, "that she has worsening pain radiating up her forearms to her shoulders and upper back, neck region." The following diagnoses were applied: myospasm; gastroesophageal reflux disease; status post left wrist surgery; left thumb triggering; left upper extremity radiculopathy, rule out complex regional pain syndrome; left wrist triangular fibrocartilage complex tear; left wrist carpal tunnel syndrome; left wrist bone cyst; left wrist minimal fluid; left wrist ulnotriquetral impaction; left hand tenosynovitis or tendonitis; right mild carpal tunnel syndrome, chronic pain, stress and anxiety. The plan of care noted referral to pain management; internal medicine consultation and the following prescriptions: Gabapentin, Tylenol #3, Flexeril, Pantoprazole DR, and transdermal compounds. There is noted discussion regarding weaning from Flexeril and the Tylenol #3. There is a signed narcotic agreement on file.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Week rental of Cooling System: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

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

Decision rationale: Continuous flow cryotherapy is recommended as an option after surgery for rental, up to 7 days. Purchase is not recommended. Cryotherapy is not recommended for non-surgical treatment. There is no clear reason for this request, as left wrist surgery was performed in 2014. This request does not coincide with guidelines and as such, it is not medically necessary.

Cooling System - pad/wrap for purchase: Upheld

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

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

Decision rationale: Continuous flow cryotherapy is recommended as an option after surgery for rental, up to 7 days. Purchase is not recommended. Cryotherapy is not recommended for non-surgical treatment. As cooling systems are not recommended for purchase, this request cannot be supported. There is no mention of why topical ice packs cannot be used in the treatment of this injured worker's chronic left hand/wrist pain. This request is not medically necessary.

Wrist exercise kit for purchase: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise.

Decision rationale: The California chronic pain medical treatment guidelines section on home exercise states: Recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, is superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regimen. (State, 2002) (Airaksinen, 2006) The California MTUS does recommend home exercise in the treatment of chronic pain. There is no evidence however, to recommend one specific exercise program. Within the submitted records, there is ongoing pain despite previous therapy and home exercises programs that were self-directed. It would appear that the exercise kit with specific equipment in the kit is an appropriate next step. As such, this request is medically necessary.

Arm sling for purchase all for left wrist/hand: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.
Decision based on Non-MTUS Citation ACOEM, 2nd Edition (2008 Revision), page 556.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care.

Decision rationale: Per California MTUS, and ODG arm sling may be recommended following large, massive rotator cuff tears, AC joint separation, brief use of immobilization for severe shoulder pain for 1-2 days, and for use less than a few weeks after initial shoulder dislocation with reduction. There is no clear need for this sling, and the use of a sling does not coincide with guidelines given the cited injuries/diagnoses. As such, this request is not medically necessary.