

Case Number:	CM15-0040650		
Date Assigned:	03/10/2015	Date of Injury:	10/04/2011
Decision Date:	06/02/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/03/2015

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 63 year old female, who sustained an industrial injury on 10/04/2011. The mechanism of injury involved a fall. Diagnoses include status post slip and fall, musculoligamentous sprain/strain of the cervical spine with right subacute radiculopathy, posttraumatic occipital neuropathy, 4mm herniated disc at C6-7, contusion of the left elbow, bilateral carpal tunnel syndrome, left thoracic neuralgia, musculoligamentous sprain/strain of the lumbar spine with radiculopathy, rule out herniated nucleus pulposus, left hip contusion, bilateral knee pain, cognitive complaints, sleep impairment due to pain and clenching teeth, posttraumatic TMJ. Treatment to date has included diagnostics and physical therapy. Per the Primary Treating Physician's Progress Report dated 02/02/2015, the injured worker reported severe almost daily headaches and Constant left sided mid back pain. She reported constant neck pain with intermittent radiation to the bilateral shoulders and down the arms. She reports left elbow pain, tingling of the fingers and weakness of the hands. She also reported left hip pain and daily bilateral sharp shooting pains of the bilateral knees. Physical examination of the cervical spine revealed decreased range of motion by 20% and paravertebral tenderness bilaterally with trigger points. There was tenderness of the left greater than right elbow and the carpal tunnels bilaterally. Thoracic spine evaluation revealed severe tenderness at the level of T4, 5, 6 and 7 over the spinous processes with increased pain on palpation in the T6-7 region on the left. Lumbar spine evaluation revealed sciatic notch tenderness bilaterally; paravertebral tenderness and bilateral left greater than right trochanteric bursa tenderness. There was tenderness on the

lateral side of the knees bilaterally. The plan of care included an orthopedic chair, hand/wrist support, ergonomic keyboard and mouse, and Flector patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

One ortho chair: 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) 2015 On-Line Guidelines, Ergonomics interventions.

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

Decision rationale: The Official Disability Guidelines recommend durable medical equipment if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. In this case, there was no scientific evidence to support ergonomic interventions. It was unclear how the requested item will specifically address the injured worker's condition or improve function. As the medical necessity has not been established, the request is not medically appropriate at this time.

One hand/wrist support: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 2015 On-Line Guidelines, Ergonomics interventions.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state when treating with a splint in carpal tunnel syndrome, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night and may be used during the day depending upon activity. Any splinting or limitation placed on the hand, wrist, and forearm should not interfere with activity. In this case, there was no documentation of a significant functional limitation with regard to the hand/wrist. As the medical necessity has not been established, the request is not medically appropriate.

Ergo keyboard and mouse: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 2015 On-Line Guidelines, Ergonomics interventions.

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

Decision rationale: The Official Disability Guidelines recommend durable medical equipment if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. In this case, there was no scientific evidence to support ergonomic interventions. It was unclear how the requested item will specifically address the injured worker's condition or improve function. As the medical necessity has not been established, the request is not medically appropriate at this time.

Flector patches BID qty: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state the only FDA approved topical NSAIDs is diclofenac, which is indicated for the relief of osteoarthritis pain. The injured worker does not maintain a diagnosis of osteoarthritis. There was also no evidence of a failure of first line oral medications prior to the request for topical analgesic. Given the above, this request is not medically necessary.