

Case Number:	CM15-0091472		
Date Assigned:	05/15/2015	Date of Injury:	05/01/2013
Decision Date:	06/22/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/12/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 year old female, who sustained an industrial injury on 5/1/13. She reported initial complaints of bilateral wrist overuse syndrome. The injured worker was diagnosed as having bilateral carpal tunnel syndrome. Treatment to date has included status post right carpal tunnel release (2/12/15); bracing; physical therapy; medications. Diagnostics included EMG/NCV study bilateral wrist. Currently, the PR-2 notes dated 2/24/15 indicated the injured worker had a right carpal tunnel release surgery on 2/12/15. She is having mild pain but no other major problems. Objective findings note the wound is healed nicely, all stitches were removed with no signs of infection and neurologically she is intact. She will begin physical therapy for the right wrist. The provider notes she does have left carpal tunnel syndrome and will probably need surgery in the future. (This has been requested.) The findings for bilateral carpal tunnel syndrome were confirmed by an EMG/NCV study of the bilateral upper extremities but the report and date of that study were not submitted. The provider is requesting at this time an exercise kit LT wrist - post-op.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME - exercise kit LT wrist - post-op: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-117.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg section, DME.

Decision rationale: Pursuant to the Official Disability Guidelines, DME exercise kit left wrist post-operatively is not medically necessary. Durable medical equipment is recommended generally if there is a medical need and the device or system meets Medicare's definition of durable medical equipment. Most bathroom and toilet supplies do not customarily serving medical purpose and are primarily used for convenience in the home. The term DME is defined as equipment which: can withstand repeated use; is primarily and customarily served medical purpose; generally is not useful to a person in the absence of illness or injury: and is appropriate for use in the patient's home. In this case, the injured worker's working diagnosis is that post right carpal tunnel release. The injured worker underwent recent right carpal tunnel release surgery. According to the most recent progress of the medical record dated February 24, 2015, the treating provider is going to schedule a left carpal tunnel release surgery. There is no authorization for the left carpal tunnel release at that date. The request for authorization is dated April 21, 2015. There is no contemporaneous documentation on or about the date of request for authorization with a clinical indication or rationale for the DME exercise kit. Consequently, as clinical documentation for the contemporary progress note on or about the date of request for authorization and a clinical indication and rationale, DME exercise kit left wrist postoperatively is not medically necessary.