

Case Number:	CM15-0096449		
Date Assigned:	05/26/2015	Date of Injury:	11/18/2014
Decision Date:	07/02/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/19/2015

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 24-year-old who has filed a claim for chronic hand and wrist pain reportedly associated with an industrial injury of November 18, 2014. In a Utilization Review report dated April 24, 2015, the claims administrator failed to approve a request for a wrist foam roller. The claims administrator referenced a March 11, 2015 progress note and associated RFA form of March 15, 2015 in its determination. Non-MTUS ODG Guidelines and durable medical equipment were referenced. The applicant's attorney subsequently appealed. On February 20, 2015, the applicant reported ongoing complaints of hand and wrist pain reportedly attributed to a triangular fibrocartilage tear. The applicant was using a wrist brace. Tenderness about the triangular fibrocartilage was appreciated. Diminished grip strength about the injured hand was appreciated. It was stated that the applicant would likely need arthroscopic hand surgery. Steroid injection and a rather proscriptive 2-pound lifting limitation were endorsed. It was suggested that the applicant was working with said limitation in place. On March 11, 2015, the applicant reported ongoing complaints of wrist and hand pain. Work restrictions were endorsed. The applicant was given a wrist corticosteroid injection. The applicant was apparently intent on pursuing a wrist arthroscopy procedure. There was no mention of the need for the foam roller at issue. In a handwritten note, difficult to follow, not entirely legible, seemingly dated March 20, 2015, the applicant stated that the hand and wrist injection was quite successful. The applicant stated that she, therefore, wished to defer surgical intervention. Work restrictions were again endorsed. The note was quite difficult to follow and made no explicit mention of the need for the foam roller at issue. It appeared that the wrist foam roller/"widget" was sought via RFA form dated February 20, 2015 without supporting rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

Foam roller (right wrist): 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), Treatment Index, 11th Edition (web), 2014, Knee and Leg, Durable medical equipment (DME).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: No, the request for a wrist foam roller was not medically necessary, medically appropriate, or indicated here. While page 98 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that home exercise can include exercise with or without mechanical assistance and/or functional activities with assistive devices, here, however, the nature of the device in question and/or its intended use were not clearly stated or clearly outlined, either in progress notes of March 2015 and/or via RFA form of February 20, 2015. It was not clearly stated how, why, and/or if the foam roller was needed or indicated here, particularly in light of the fact that the applicant had apparently experienced a near-complete remission in symptoms following a wrist corticosteroid injection of March 2015, per a handwritten progress note dated March 20, 2015. It did not appear, thus, that the applicant required introduction of the foam roller so as to facilitate performance of home exercises on or around the date in question. Therefore, the request is not medically necessary.