

Case Number:	CM13-0050291		
Date Assigned:	12/27/2013	Date of Injury:	08/08/2012
Decision Date:	07/30/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/12/2013

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker's date of injury is 08/08/2012. This injured worker developed right shoulder pain. Her job entailed repetitive grasping, typing, and writing. The chief complaints include pain and stiffness of the right shoulder, as well as some right elbow pain, as described in the treating physician's note dated 02/13/2013. The patient takes Norco for pain relief. On exam there is swelling and decreased ROM of the right shoulder. There is tenderness of the biceps attachments. The right elbow is tender and has decreased ROM. The right wrist has positive Tinel's and Phalen's tests and decreased sensation in the distribution of the median nerve. Muscle strength at the right shoulder is 4/5. The medical diagnoses include: right shoulder strain and adhesive capsulitis, right elbow epicondylitis, and right wrist overuse syndrome, rule out carpal tunnel syndrome. This review is for a retrospective authorization of moist heating pads and right hand/wrist orthoses.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR 1 HEATING PAD, MOIST, DOS: 2/13/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Physical Medicine, page(s) 98 - 99 Page(s): 98-99.

Decision rationale: This patient has chronic shoulder and wrist pain. The retrospective request is for heating pad, moist. The documentation for 02/13/2013 does not specify what the treatment is for, what the duration of treatment will be, or what other treatments have been tried and failed. Application of heat is considered passive therapy designed to be used sparingly during the rehabilitation process. The use of active treatments is preferred, because outcomes are better. Based on the documentation, the request for heating pads is not medically necessary and appropriate.

RETROSPECTIVE REQUEST FOR 2 WRIST HAND ORTHOSIS, WRIST EXTENSION CONTROL COCK-UP, NON-MOLDED, PREFABRICATED, INCLUDED FITTING AND ADJUSTMENT DOS: 2/13/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264, 272.

Decision rationale: This is a retrospective review for 2 wrist hand orthosis. The patient has chronic right wrist pain and loss of sensation of both the median nerve and the ulnar nerve. The exact clinical diagnosis is not confirmed by electrodiagnostic testing. The documentation for date of service 02/13/2013 does not make clear what the indication for the orthosis is, what the duration of the therapy will be, nor what the desired outcome will be. Prolonged use of any orthosis can lead to muscle weakness and joint stiffness. The request for 2 wrist hand orthosis is not medically necessary and appropriate.