

Case Number:	CM14-0141328		
Date Assigned:	09/10/2014	Date of Injury:	05/10/2011
Decision Date:	10/23/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/02/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 42 years old female with an injury date on 05/10/2011. Based on the 07/24/2014 progress report provided by [REDACTED], the diagnoses are: 1. Bilateral de Quervain's syndrome, 2. Overuse syndrome, bilateral wrists/hands, 3. Status post right carpal tunnel release (10/2012), 4. Status post left carpal tunnel release (12/2012). According to this report, the patient complains of frequent pain and discomfort in the bilateral hands/wrists. The patient rates the pain at a 7/10, increasing to 10/10 when aggravated. Numbness and tingling with pain are noted in the forearms. Pain is increased with firm and fine finger manipulation. Wrist motion and rotation also increase pain. Physical exam reveals tenderness over the right lateral epicondyle, bilateral radial head, ulnar styloid, radial styloid and snuffbox. Finkelstein's, Phalen's, and Tinel's are positive, bilaterally. Tinel's at cubital tunnel and compression sign are positive on the right. Hypoesthesia is noted on the right at the C6, C7 and 8 dermatomes. There were no other significant findings noted on this report. The utilization review denied the request on 08/18/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/19/2014 to 07/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy unit 30 Days Rental Bilateral Shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Continuous -flow Cryotherapy

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

Decision rationale: According to the 07/24/2014 report by [REDACTED] this patient presents with frequent pain and discomfort in the bilateral hands/wrists. The treater is requesting cold therapy unit 30 days rental for the bilateral shoulders. MTUS does not discuss cold therapy units but ODG does not support for chronic pain. It can be used for post-operative care. Review of reports does not show that this patient is scheduled for any surgery; given the above the request is not medically necessary.

Bilateral Sling for Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

Decision rationale: According to the 07/24/2014 report by [REDACTED] this patient presents with frequent pain and discomfort in the bilateral hands/wrists. The treater is requesting a purchase of the sling (bilateral). Regarding slings, ODG guidelines support it following rotator cuff repair and for fracture. ACOEM page 204 also supports for acute pain from rotator cuff tear and AC joint strain or separation. This patient does not present with any fractures and the treater does not discuss any shoulder problems. There has been no rotator cuff surgery either or mention of AC joint strain/separation. There were no reports discussing the request and the rationale. Given the above the request is not medically necessary.

E-Stim 30 Days rental Bilateral Wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120 and 121.

Decision rationale: According to the 07/24/2014 report by [REDACTED] this patient presents with frequent pain and discomfort in the bilateral hands/wrists. The treater is requesting E-stim 30 days rental for the bilateral wrists. The MTUS guidelines do not support the use of E-stim, or NMES except for stroke rehab. This patient presents with chronic bilateral hands/wrists pain. Given the above the request is not medically necessary.

