

Case Number:	CM14-0052626		
Date Assigned:	07/11/2014	Date of Injury:	07/01/2013
Decision Date:	08/26/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/22/2014

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 Family Practice, has a subspecialty in Geriatric Medicine and is licensed to practice in New York. 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 injured worker is a 66 year old woman with a date of injury of 7/1/13. She was seen by her secondary treating physician on 1/16/14 with complaints of pain in her left wrist. She was status post surgical intervention - open reduction internal fixation of the left wrist with distal radius fracture and she was receiving physical therapy. Her physical exam showed limitations in left wrist range of motion and grip strength. She was seen by her primary treating physician on 2/26/14 with complaints of left hand and low back pain with radicular pain down her legs. Her physical exam showed she could make a full fist with her left hand but had grip weakness and pain with range of motion. She was continuing acupuncture. At issue in this review is the request for an inferential unit, electrostimulator supplies, exercise kit and MRI of the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inferential unit (IF) for the left hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines electrostimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 113-117.

Decision rationale: An inferential unit is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. In this injured worker, other treatment modalities are not documented to have been trialed and not successful. Additionally, this is being used as an adjunct to a program of evidence based functional restoration including physical therapy and acupuncture and there is no documentation that they are not successful. There is no indication of spasticity, phantom limb pain, post-herpetic neuralgia or multiple sclerosis which the unit may be appropriate for. The medical necessity for an inferential unit is not substantiated.

electrical stimulator supplies: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Exercise kit: 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 Page(s): 113 - 117.

Decision rationale: An exercise kit is a non-specific request in this injured worker. Additionally, the worker is receiving physical therapy and acupuncture and there is no documentation that they are not successful or why an exercise kit is needed. The medical necessity for an exercise kit is not substantiated.

MRI - left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-285.

Decision rationale: The request in this injured worker with chronic wrist pain is for a MRI of the left wrist. The records document a physical exam with pain with range of motion of the wrist and decreased grip strength but no red flags or indications for immediate referral or imaging. There was no physical exam evidence of fracture, dislocation, infection, tumor, vascular or rapidly progressing neurologic compromise. A MRI can help to identify infection and minimally helpful to diagnose carpal tunnel syndrome. The medical records do not justify the medical necessity for a left wrist MRI.