

Case Number:	CM13-0009242		
Date Assigned:	12/04/2013	Date of Injury:	03/04/2010
Decision Date:	03/25/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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.

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 64 year old injured worker who sustained an injury on 3/4/10 when a car driver ran over her left foot as she was not yet fully into the car while employed by [REDACTED]. The patient has multiple previous injuries reported while employed by other pharmaceutical companies. Initial diagnosis for injury on 3/4/10 was fracture of the left foot which was placed in a cast with subsequent diagnosis of sympathetic Dystrophy. She has been under the care of [REDACTED], ortho and [REDACTED] for pain management. Request under consideration include Left Wrist Brace purchase. Report of 7/8/13 from [REDACTED] noted the patient with left wrist pain due to long-term use of crutches. Exam showed slight residual weakness of rotator cuff tear; right shoulder with good range of motion. Diagnosis was reflex sympathetic dystrophy of the arm. There is a report dated 8/2/12 from [REDACTED] noting spinal cord stimulator implantation for CRPS. There is an operative report from [REDACTED] dated 7/10/12 for right shoulder rotator cuff repair, debridement, subacromial decompression, synovectomy, and suprascapular nerve release. Request for wrist brace purchase was non-certified on 7/23/13, citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Wrist Brace purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Wrist, Hand.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): s 177-178.

Decision rationale: The ACOEM Guidelines support splinting as first-line conservative treatment for CTS, DeQuervain's, Strains; however, none have been demonstrated to support for this wrist brace purchase. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is required to maintain certain immobilization or assist in functional activity. The patient sustained injuries to their left foot and right shoulder; however, there are no documented reports regarding specific neurological deficits of the wrist or diagnosis involving a wrist disorder except that the patient is treating for RSD of the lower extremity. There is no clinical exam or findings for any wrists issues that would support the wrist braces. The Left Wrist Brace purchase is not medically necessary and appropriate.