

Case Number:	CM13-0012137		
Date Assigned:	03/19/2014	Date of Injury:	01/30/2012
Decision Date:	04/30/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/16/2013

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 Occupational 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:

According to the records made available for review, this is a 33-year-old female with a 1/30/12 date of injury. At the time of request for authorization (7/15/13) for wrist brace for the right arm, 30 days rental, there is documentation of subjective (right upper extremity pain primarily over the radial aspect of the wrist and distal forearm with stiffness, weakness and allodynia, radiating into the hand proximally to the mid forearm) and objective (inability to flex the right wrist, tenderness to palpation of the right wrist with sensitivity to light touch, severe weakness and limited range of motion of the right wrist) findings, current diagnoses (reflex sympathetic dystrophy of the upper limb), and treatment to date (right wrist brace/splint, chiropractic care, physical therapy, medications, and injection). There is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which a wrist brace is indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

WRIST BRACE FOR THE RIGHT ARM, 30 DAYS RENTAL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which a wrist brace is indicated (such as: acute, subacute, or chronic CTS; moderate or severe acute or subacute wrist sprains; acute, subacute, or chronic ulnar nerve compression at the wrist; acute, subacute, or chronic radial nerve neuropathy; scaphoid tubercle fractures; acute flares or chronic hand osteoarthritis; Colles' fracture; or select cases (i.e., patients who decline injection) of acute, subacute, or chronic flexor tendon entrapment), as criteria necessary to support the medical necessity of wrist splinting. Within the medical information available for review, there is documentation of a diagnosis of reflex sympathetic dystrophy of the upper limb. In addition, there is documentation that the patient is currently using a right wrist brace. However, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which a wrist brace is indicated. In addition, given documentation that the patient is currently using a right wrist brace, there is no documentation of a rationale identifying the medical necessity of a new wrist brace. Therefore, based on guidelines and a review of the evidence, the request for wrist brace for the right arm, 30 days rental is not medically necessary.