

<b>Case Number:</b>	CM13-0015972		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	09/02/2011
<b>Decision Date:</b>	01/07/2014	<b>UR Denial Date:</b>	07/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2013

### 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 Chiropractic and Acupuncture, 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 51-year-old female who reported a work-related injury on 09/02/2011; mechanism of injury was not specifically stated. The clinical note dated 08/28/2013 reports the patient was seen for followup under the care of [REDACTED]. The provider documents the patient reports complaints of pain to the bilateral shoulders, cervical spine, thoracic spine, lumbar spine, headaches, and dizziness. The provider documented the patient, upon physical exam, continued to have reduced range of motion to the bilateral shoulders and the bilateral wrists, as well as the lumbar spine

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 bilateral Volar wrist brace:** 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.

**Decision rationale:** The current request previously received an adverse determination due to lack of documentation of a specific rationale for the request. The clinical notes do not evidence any significant objective findings of symptomatology to support bilateral volar wrist bracing at this point in the patient's treatment. California MTUS/ACOEM indicates, "Initial treatment of carpal tunnel syndrome should include night splints, day splints can be considered for patient

comfort as needed to reduce pain, along with work modifications. Given the lack of significant objective findings of symptomatology upon physical exam of the patient, the request for 1 bilateral volar wrist brace is not medically necessary or appropriate.