

Case Number:	CM13-0019929		
Date Assigned:	10/11/2013	Date of Injury:	04/14/1998
Decision Date:	02/24/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/04/2013

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 Family Medicine, has a subspecialty in Preventive 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 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. 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:

Female claimant sustained an injury on 4/14/98 resulting in chronic wrist, neck and back pain. She was diagnosed with complex regional pain syndrome. Her pain has been treated with opioids. An examination report on 4/11/13 stated the claimant had 6/10 pain with upper extremity numbness. She had decreased range of motion of both wrists along with hypoesthesias. She was recommended to perform home exercises and continue her analgesics and pain patches. An examination report on 7/11/13 indicated she had 4/5 strength in the left and right wrist flexors secondary to pain. An 8 inch wrist brace was ordered for the right and left wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left 8" small wrist brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

Decision rationale: According to the American College of Occupational and Environmental Medicine (ACOEM) guidelines, limitation of motion is only recommended for tendonitis and

Dequervain's Tendonitis. A splint is recommended for Carpal Tunnel Syndrome. Wrist splints are not indicated for chronic pain and are not medically necessary. Mobilization and therapy are more appropriate. A wrist splint is not medically necessary

Right 8" small wrist brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

Decision rationale: According to the American College of Occupational and Environmental Medicine (ACOEM) guidelines, limitation of motion is only recommended for tendonitis and Dequervain's Tendonitis. A splint is recommended for Carpal Tunnel Syndrome. Wrist splints are not indicated for chronic pain and are not medically necessary. Mobilization and therapy are more appropriate. A wrist splint is not medically necessary.