

Case Number:	CM13-0034224		
Date Assigned:	12/06/2013	Date of Injury:	10/23/2012
Decision Date:	02/14/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/11/2013

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. 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:

This 27 year-old female sustained an injury on 10/23/12 while employed by [REDACTED]. Request under consideration included Bilateral Wrist Braces and 12 Physical Therapy Visits for bilateral wrists and lumbar spine. Current diagnoses include carpal sprain; ulnar nerve injury; wrist contusion, disc disorder, and lumbar sprain. Electromyography (EMG) report dated 7/23/13 by [REDACTED] noted early manifestation of carpal tunnel syndrome. Per report dated 9/17/13 from [REDACTED] noted the patient complained of bilateral wrist pain with associated numbness, swelling and stiffness. Exam revealed right wrist Range Of Motion (ROM) 60 degrees flexion, 50 degrees extension, 10 degrees radial deviation and 20 degrees ulnar deviation; Muscle strength 4/5; Left wrist showed normal ROMs in all planes with 5/5 strength. Above requests were non-certified on 10/3/13, 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:

<< **Bilateral wrist braces** >>: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: This 27 year-old female sustained an injury on 10/23/12 while employed by [REDACTED]. Request under consideration include Bilateral Wrist Braces and 12 Physical Therapy Visits for bilateral wrists and lumbar spine. EMG report dated 7/23/13 by [REDACTED] noted early manifestation of carpal tunnel syndrome (CTS). Per report dated 9/17/13 from [REDACTED] noted the patient complained of bilateral wrist pain with associated numbness, swelling and stiffness. Exam noted decreased range with decreased motor strength of 4/5 in left wrist; however, right wrist has intact range and strength. There are no report of specific neurological deficits or testing identifying possible diagnosis of carpal tunnel syndrome. Early manifestation of possible CTS on electrodiagnostic does not confirm diagnosis by testing standards. There is also no clinical neurological deficits or findings of the lumbar spine or lower extremities to support physical therapy for the lumbar spine. ACOEM Guidelines support splinting as first-line conservative treatment for CTS, DeQuervain's, Strains; however, none have been demonstrated to support these wrist braces. The Bilateral Wrist Braces are not medically necessary and appropriate

<<12 PT visits >>: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): Table11-7, Table 12-8.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

Decision rationale: This 27 year-old female sustained an injury on 10/23/12 while employed by [REDACTED]. Request under consideration include Bilateral Wrist Braces and 12 Physical Therapy Visits for bilateral wrists and lumbar spine. EMG report dated 7/23/13 by [REDACTED] noted early manifestation of carpal tunnel syndrome. Per report dated 9/17/13 from [REDACTED] noted the patient complained of bilateral wrist pain with associated numbness, swelling and stiffness. Exam noted decreased range with decreased motor strength of 4/5 in left wrist; however, right wrist has intact range and strength. There are no report of specific neurological deficits or testing identifying possible diagnosis of carpal tunnel syndrome. Early manifestation of possible CTS on electrodiagnostic does not confirm diagnosis by testing standards. There is also no clinical neurological deficits or findings of the lumbar spine or lower extremities to support physical therapy for the lumbar spine. ACOEM Guidelines support splinting as first-line conservative treatment for CTS, DeQuervain's, Strains; however, none have been demonstrated to support these wrist braces. The Bilateral Wrist Braces are not medically necessary and appropriate.