

<b>Case Number:</b>	CM13-0036545		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	04/17/2011
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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:

There was an October 14, 2013 non certification. The date of injury was April 17, 2011. The injured areas for the right wrist and the right elbow. The non-certified request was for one adjustable right wrist brace for use between September 20, 2013 and November 22, 2013 and eight additional physical therapy sessions. Per the records provided, the claimant was described as a 29-year-old female injured in 2011. On September 20, 2013, the patient complained of intermittent moderate right hand pain with trouble performing activities of daily living. The patient uses Advil to help with the pain. There is diffuse palpable tenderness of the right wrist and hand, limited flexion and extension and pain with radial and ulnar deviation. The diagnosis was a right wrist sprain strain. There was some MRI evidence of a subchondral cyst formation and also a tenosynovitis. There is also a right wrist carpal tunnel syndrome per NCV EMG findings. Treatment to date has included physical therapy, a right wrist brace, acupuncture and occupational therapy. The patient has been diagnosed with right wrist carpal tunnel syndrome. There however was a previous certification for a right wrist brace. There is no documentation suggesting benefits of this previously certified brace, or why an additional wrist brace would be needed at this time. The patient had previously been approved for eight sessions of physical therapy. There is no mention of functional improvement out of those eight.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**An adjustable right wrist brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, Chapter 11, 270

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

**Decision rationale:** The California MTUS-ACOEM guides, Chapter 11 for the Forearm, Wrist and Hand note, on page 263: Initial treatment of CTS should include night splints. Day splints can be considered for patient comfort as needed to reduce pain, along with work modifications. When treating with a splint in CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night, and may be used during the day, depending upon activity. There are no documents supporting that the claimant had a condition supported for non-neutral splinting under MTUS. Therefore the request is not medically necessary.

**Additional physical therapy (8 sessions):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

**Decision rationale:** The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: 1. Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. 2. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization. This request for more skilled, monitored therapy is not medically necessary.