

Case Number:	CM13-0046185		
Date Assigned:	02/12/2014	Date of Injury:	08/20/2008
Decision Date:	04/30/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/13/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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:

The patient is a 61-year-old female with an injury date of 08/20/2008. A progress report dated 10/22/2013 by the requesting provider has the patient complaining of increased pain to neck and left hand with poor sleep. Her quality of life is unchanged; activity level remains the same. Diagnoses are Cervical Radiculopathy, Carpal Tunnel Syndrome, and Entrapment Neuropathy of the upper extremity. Physical exam findings on 10/22/2013 show light touch sensation decreased on ring and little finger. Spurling's test is positive. Range of motion is restricted, with ulnar deviation limited to 9 degrees. The patient has positive Finkelstein's test and positive Tinel's sign, left wrist. X-ray of the cervical spine shows solid fusion at C3-C6 with autofusion of C6 and C7 with bone spurs. The request is for a left wrist brace replacement

IMR ISSUES, DECISIONS AND RATIONALES

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

REPLACEMENT BRACE REPLACEMENT FOR THE LEFT WRIST: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - online version - Forearm, Wrist and Hand - braces.

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

Decision rationale: This patient presents with Carpal Tunnel Syndrome (CTS) of the left wrist. The treater indicates that the patient has been using a wrist splint which is now worn out and no longer functional. This is a request for a replacement. The request was denied by a Utilization Review, dated 11/06/2013, which stated that the diagnosis was that of cervical disc disorder without neurological impairment. ACOEM guidelines page 265 supports the use of neutral wrist splints for Carpal Tunnel Syndrome. In this case, the patient does present with a diagnosis of carpal tunnel syndrome and is also status post cervical fusion from C3-C6. Given the support from the guidelines for the use of wrist splints for CTS, recommendation is for authorization.