

<b>Case Number:</b>	CM13-0049260		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/17/2001
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 Orthopedic Surgery, and is licensed to practice in Pennsylvania. 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:

This is a 57-year-old female who was injured on April 17, 2001. Specific clinical request in this case is for a "replacement brace" for the left upper extremity. The clinical records reviewed indicate that the claimant had initially been diagnosed with a left distal radial fracture which was treated conservatively and then ultimately with a surgical arthroscopy and debridement in late 2001 for repair of a scapholunate ligament injury. It states that following the surgical process she developed Chronic Regional Pain Syndrome for which spinal cord stimulator implantation took place in 2002. A most recent clinical assessment dated October 9, 2013 indicates continued use of medications and use of stimulator with left upper extremity examination demonstrating atrophy and allodynia to light touch. Range of motion to the left wrist was maintained. It states at that time that a "new brace was requested for her left upper extremity as her old one had worn out." Further clinical records or documentation of clinical imaging is not available for review. As stated, there is a request for a replacement brace in this case.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REPLACEMENT BRACE FOR LEFT UPPER EXTREMITY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines,

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 263 - 266. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist Hand Procedures – Splints Chapter.

**Decision rationale:** The Knee Complaints Chapter of the ACOEM Practice Guidelines states "Day splints can be considered for patient comfort as needed to reduce pain, along with work modifications" When looking at Official Disability Guidelines criteria, immobilization to the upper extremity is not recommended as the primary treatment with the exception of non-displaced fractures or acute strains. The clinical records in this case do not indicate any acute diagnosis for which need of immobilization would occur. Rather, there appears to be clinical syndrome in which motion and active participation of the extremity would be indicated. At present, the role of a replacement brace given the claimant's current working diagnosis, time frame from injury, and no evidence of acute finding would not be supported. The request for a replacement brace for left upper extremity is not medically necessary or appropriate.