

Case Number:	CM13-0052529		
Date Assigned:	12/27/2013	Date of Injury:	10/18/2012
Decision Date:	06/03/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/15/2013

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 and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 32 year old female whose date of injury is 10/18/2012. On this date she was punched in the nose by a patient. Visit note dated 11/01/13 indicates that the patient presents for follow up of her head, neck, back and leg pain. She thinks her wrist pain has increased although this is not her main concern. She also experiences occasional numbness in her palm and fingertips and notes that sometimes the fingertips feel cold and the skin is darker. She continues to use the TENS on her lower back and wrist and still gets about 50% pain relief. On physical examination sensation is grossly intact and equal to light touch of palmar side of fingertips bilaterally. There is pain with Tinel's but no numbness in the hand. There is pain with Phalen's with discontinuation of test. Medications include Lidocaine patch, Amitriptyline, Gabapentin, Nabumetone, Ondansetron, and Buprenorphine. Diagnoses are sprain/strain lumbar region, post concussion syndrome, sprain and strain of neck and sprain/strain thoracic region. Wrist braces were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) BILATERAL SOFT WRIST BRACES WITH SPLINTS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand Chapter, Splints.

Decision rationale: Based on the clinical information provided, the request for one (1) bilateral soft wrist braces with splints is not recommended as medically necessary. The submitted records do not indicate a diagnosis for which current evidence based guidelines would support wrist braces. The Official Disability Guidelines note that splints are supported for treatment of displaced fractures. There is no indication that the patient has undergone any active treatment to the wrists, and no specific, time-limited treatment goals were provided.