

Case Number:	CM13-0055720		
Date Assigned:	12/30/2013	Date of Injury:	06/17/2011
Decision Date:	05/02/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/21/2013

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 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 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 injured worker is a 50-year-old male who reported injury on 06/17/2011. The mechanism of injury was while the injured worker was at work his right arm became caught in a machine which pulled the arm forward. The injured worker struggled and was able to get his arm out but then fell backward landing on his shoulder on cement. He was diagnosed with a right wrist fracture that healed. The patient had an EMG/NCV on 09/20/2013, revealed an abnormal EMG but normal nerve conduction studies of the upper limbs consistent with bilateral C5 and C6 radiculopathy. Documentation of 05/31/2013 revealed the injured worker had complaints of pain in the neck and bilateral shoulders. The diagnoses included right elbow epicondylitis, cervical spine herniated nucleus pulposus with right C6 radiculopathy, right shoulder osteoarthritis and left shoulder rotator cuff tear. The request per the Application of Independent Medical Review was for a right wrist brace for the diagnosis of fracture of the radius and ulna.

IMR ISSUES, DECISIONS AND RATIONALES

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

A RIGHT WRIST BRACE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264.

Decision rationale: ACOEM Guidelines recommend a splint for the treatment of carpal tunnel syndrome. There was a lack of documentation indicating the injured worker had complaints of carpal tunnel. Additionally, it was indicated per the submitted documentation that the injured worker's injury of the right wrist had healed without incident. There was a lack of a DWC Form RFA and PR2 to support the necessity for a wrist brace. Given the above, the request for a right wrist brace is not medically necessary.