

Case Number:	CM13-0071248		
Date Assigned:	01/08/2014	Date of Injury:	07/14/2009
Decision Date:	04/21/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/26/2013

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 Family Practice, has a subspecialty in Preventative 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:

Is a 48-year-old female claimant has sustained a work injury on July 14, 2009 resulting in right shoulder, left knee, bilateral wrist injuries. The claimant also had chronic neck and back pain as a result of the injury. The claimant had received physical therapy for several weeks as well as kinetic activities and injections in the wrist as well as the lumbar spine. She had a diagnosis of right shoulder adhesive capsulitis, right knee synovitis and rotator cuff repair of the right shoulder. An examination note on 4/11/13 indicated 8/10 left wrist pain, left thumb numbness and 8/10 right wrist pain with pain, tingling and weakness. The wrists had decreased range of motion, tenderness, +Phalen's and + Tinel's sign. Volar wrist braces were ordered for a diagnosis of DeQuervain's.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Volar Wrist Braces: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: According to the MTUS guidelines, splinting is 1st line for conservative treatment of DeQuervain's and Carpal Tunnel Syndrome. For those with mild to moderate symptoms surgical release is more beneficial than splinting for both carpal tunnel and DeQuevains. For conservative management a thumb spica splint is recommended over wrist braces. As a result the decision for using bilateral wrist braces is not medically necessary.