

<b>Case Number:</b>	CM14-0004230		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	07/30/2010
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 Occupational 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:

This is a 30 year-old female patient with a date of injury of 7/30/10 to both upper extremities. The mechanism of injury is due to repetitive motion. On 11/14/13, the patient reported pain in the elbows, wrists and shoulders. Objective exam demonstrated somediscomfort with a positive Finkelstein's over the right wrist and a positive Tinel's at the right elbow. Diagnostic impression is right rotator cuff tendinosis and a history of left arm pain. Treatment to date includes medical management, acupuncture, chiropractor and PT. A UR decision dated 12/24/13 denied the request for a left wrist/forearm brace due to requested information not received. In addition, the patient received braces previously and the need for a new brace was not addressed. Treatment to date includes medical management, acupuncture, chiropractor and PT. A UR decision dated 12/24/13 denied the request for a left wrist/forearm brace due to requested information not received. In addition, the patient received braces previously and the need for a new brace was not addressed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable medical equipment brace, left wrist/forearm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 265.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Carpal Tunnel Syndrome).

**Decision rationale:** CA MTUS guidelines recommend wrist splinting for acute, subacute, or chronic CTS; moderate or severe acute or subacute wrist sprains; acute, subacute, or chronic ulnar nerve compression at the wrist; acute, subacute, or chronic radial nerve neuropathy; scaphoid tubercle fractures; or acute flares or chronic hand osteoarthritis; Colles' fracture. However, this patient has been documented to have already been issued braces previously. It is unclear as to why this patient needs a replacement brace. It has not been noted that she has lost or damaged the previous brace. Further information would be needed to substantiate this request. Therefore the request for durable medical equipment brace, left wrist/forearm is not medically necessary.