

Case Number:	CM14-0101714		
Date Assigned:	07/30/2014	Date of Injury:	05/13/2009
Decision Date:	10/14/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/01/2014

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 58-year-old male with a 5/13/09 date of injury. A specific mechanism of injury was not described. According to a progress note dated 6/12/14, the patient continued to complain of constant achy pain in her neck, bilateral shoulders, right elbow, and bilateral wrists. She rated the severity of her pain as 7-8 without medication or therapy and 5 with medications only. Objective findings: tenderness to palpation associated with muscle spasm over paraspinal muscles, decreased range of motion of cervical spine, tenderness to palpation over bilateral shoulders with decreased range of motion, tenderness to palpation over volar aspect of bilateral wrists, full range of motion, Tinel's sign is positive bilaterally. Diagnostic impression: cervical spine herniated nucleus pulposus, status post right shoulder surgery, left shoulder rotator cuff tear, right elbow lateral epicondylitis, bilateral wrist carpal tunnel syndrome. Treatment to date: medication management, activity modification, physical therapy, shoulder surgery. A UR decision dated 6/23/14 denied the request for bilateral wrist braces. Other than the findings of a positive bilateral tinels test documented, there is a lack of medical information needed to justify the request for the wrist braces.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Wrist Braces: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand (updated 02/18/14), Splints

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Summary Table 2, Chronic Pain Treatment Guidelines Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter

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. The patient has a positive Tinel's sign on examination and a diagnosis of carpal tunnel syndrome. Guidelines support the use of wrist splinting as a conservative treatment option for carpal tunnel syndrome. Therefore, the request for bilateral wrist braces is medically necessary.