

Case Number:	CM14-0107776		
Date Assigned:	08/01/2014	Date of Injury:	11/19/2007
Decision Date:	10/02/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/10/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 43 year old female who reported an injury on 11/19/2007 due to a fall. Her diagnoses included sprain of the neck, sprain of the lumbar region and tenosynovitis of her hand/wrist. Her past treatments included medications, right wrist surgery, lumbar epidural steroid injection and cervical epidural steroid injection. The injured worker was status post right wrist and dorsal/volar ganglion cyst removal on 12/02/2008. Her symptoms included severe neck pain and bilateral arm pain on 04/24/2014. The physical exam findings included tenderness and decreased range of motion in the cervical spine, positive Spurlings test and decreased sensation at C5-6. The treatment plan recommended included bilateral wrist splints. The rationale for the request was not provided. The request for authorization form was provided on 06/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bi-Lateral Wrist Brace: Upheld

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

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

Decision rationale: The request for bilateral wrist brace is not medically necessary. The injured worker has a history of cervical spinal stenosis, cervical spondylosis, and tenosynovitis of the hand/wrist. The California MTUS/ACOEM guidelines recommend wrist-and-thumb splints along with acetaminophen and NSAIDs for DeQuervain's tendinitis and carpal tunnel syndrome, which supports the diagnosis of tenosynovitis in the hand/wrist. The injured worker complained of severe neck pain and bilateral arm pain at her physical exam on 04/24/2014, as well as objective findings of tenderness, decreased range of motion in the cervical spine, positive Spurlings test and decreased sensation at C5-6; however, there is not adequate documentation for clinical findings or diagnostic findings that would support the need for bilateral wrist braces. Furthermore, a rationale was not provided to warrant the approval for the request. As such, the request for bilateral wrist brace is not medically necessary.