

<b>Case Number:</b>	CM14-0110386		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	08/10/2011
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 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:

According to the records made available for review, this is a 50-year-old female with a 8/10/11 date of injury. At the time (7/8/14) of the determination for wrist brace and cane, there is documentation of subjective (pain in the cervical spine rated 7/10, thoracic spine rated 8/10, lumbar spine 8/10, bilateral shoulder rated 7/10, bilateral wrist and hand rated 6/10, bilateral elbow rated 7/10, bilateral knee rated 8/10, and bilateral feet and ankles rated 7/10) and objective (positive Miner's and Kemp's bilaterally, positive straight leg raise, and positive Braggards) findings. The current diagnoses are sprain of neck, sprain of lumbar, sprain and strain of unspecified site of shoulder and upper arm, wrist pain, carpal tunnel syndrome, sprain and strain of unspecified site of knee and leg, ankle sprain, and calcaneal spur, sprain of thoracic. The treatment to date is not specified. Regarding the requested wrist brace, there is no documentation of supportive subjective/objective findings of carpal tunnel syndrome. Regarding the requested cane, there is no documentation of a personal mobility deficit sufficient to impair the patient's participation in mobility-related activities of daily living in customary locations within the home.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Wrist Brace:** Upheld

**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

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

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which a wrist brace is indicated (such as: 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; acute flares or chronic hand osteoarthritis; Colles' fracture; or select cases (i.e., patients who decline injection) of acute, subacute, or chronic flexor tendon entrapment), as criteria necessary to support the medical necessity of wrist splinting/bracing. Within the medical information available for review, there is documentation of diagnoses of sprain of neck, sprain of lumbar, sprain and strain of unspecified site of shoulder and upper arm, wrist pain, carpal tunnel syndrome, sprain and strain of unspecified site of knee and leg, ankle sprain, and calcaneal spur, sprain of thoracic. However, despite documentation of a diagnosis of carpal tunnel syndrome, there is no documentation of supportive subjective/objective findings of carpal tunnel syndrome. Therefore, based on guidelines and a review of the evidence, the request for wrist brace is not medically necessary.

**Cane:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Walking aids (canes, crutches, braces, orthoses, & walkers); Medicare National Coverage Determinations Manual

**Decision rationale:** MTUS does not address this issue. The Official Disability Guidelines identifies documentation of disability, pain, and age-related impairments, as criteria necessary to support the medical necessity of a walking aid. Medical Treatment Guidelines identifies documentation of a personal mobility deficit sufficient to impair the patient's participation in mobility-related activities of daily living in customary locations within the home, as criteria necessary to support the medical necessity of a cane. Within the medical information available for review, there is documentation of diagnoses of sprain of neck, sprain of lumbar, sprain and strain of unspecified site of shoulder and upper arm, wrist pain, carpal tunnel syndrome, sprain and strain of unspecified site of knee and leg, ankle sprain, and calcaneal spur, sprain of thoracic. However, there is no documentation of a personal mobility deficit sufficient to impair the patient's participation in mobility-related activities of daily living in customary locations within the home. Therefore, based on guidelines and a review of the evidence, the request for cane is not medically necessary.