

<b>Case Number:</b>	CM14-0155474		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	05/06/2010
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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:

According to the records made available for review, this is a 46-year-old female with a 5/6/10 date of injury, and status post anterior cervical discectomy and fusion C5-6 12/11/13, and status post left shoulder decompression. At the time (8/27/14) of request for authorization for wrist brace, there is documentation of subjective (constant severe bilateral hand and wrist pain) and objective (sensory deficit noted over the median nerve distribution of the bilateral hand and wrists) findings, current diagnoses (bilateral carpal tunnel syndrome-clinical), and treatment to date (activity modification and medications).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Wrist brace:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273 11-7.

**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 brace. Within the medical information available for review, there is documentation of diagnoses of bilateral carpal tunnel syndrome-clinical. In addition, there is documentation of subjective/objective findings consistent with CTS. Therefore, based on guidelines and a review of the evidence, the request for wrist brace is medically necessary.