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| Case Number: | CM14-0167509 | | |
| Date Assigned: | 10/14/2014 | Date of Injury: | 12/06/2012 |
| Decision Date: | 11/17/2014 | UR Denial Date: | 10/01/2014 |
| Priority: | Standard | Application Received: | 10/10/2014 |

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 Occupational Medicine, has a subspecialty in Internal 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 66-year-old female with a 12/6/12 date of injury. At the time (10/1/14) of the decision for Custom Right Thumb CMC Joint Brace, brace for nighttime use, there is documentation of subjective (right thumb and bilateral hand pain; swelling and stiffness of all fingers; popping, grinding, and cracking in the right small finger) and objective (decreased range of motion of bilateral ring finger and positive right carpometacarpal grind and see-saw test) findings, current diagnoses (carpal tunnel syndrome and osteoarthritis of hand), and treatment to date (physical therapy, acupuncture treatment, shock wave therapy, and medications). There is no documentation of a rationale identifying medical necessity of custom brace versus prefabricated brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom right thumb carpometacarpal (CMC) joint brace for nighttime use: 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: Chapter Forearm, Wrist and Hand, Splints and Chapter: Carpal Tunnel Syndrome, Splinting

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273; Table 11-7. Decision based on Non-MTUS Citation ODG: Knee & Leg, Knee brace

Decision rationale: MTUS reference to ACOEM guidelines identify documentation of a condition/diagnosis (with supportive subjective/objective findings) for which a wrist brace is indicated (such as: acute, subacute, or chronic carpal tunnel syndrome (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 splinting. ODG identifies that there is no data that shows custom fabricated braces offer any benefits over prefabricated. Within the medical information available for review, there is documentation of diagnoses of carpal tunnel syndrome and osteoarthritis of hand. In addition, given documentation of subjective (right thumb as well as bilateral hand pain; swelling as well as stiffness of all fingers; and popping, grinding, and cracking in the right small finger) and objective (positive right carpometacarpal grind as well as see-saw test) findings, there is documentation of a condition/diagnosis (with supportive subjective/objective findings) for which a wrist brace is indicated (hand osteoarthritis). However, there is no documentation of a rationale identifying the medical necessity of a custom brace versus a prefabricated brace. Therefore, based on guidelines and a review of the evidence, the request for custom right thumb carpometacarpal (CMC) joint brace for nighttime use is not medically necessary.