

Case Number:	CM14-0169091		
Date Assigned:	10/17/2014	Date of Injury:	01/27/2011
Decision Date:	11/28/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/14/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 46 years old female who had a work injury dated 1/27/11. The diagnoses include left carpal tunnel, cervical spondylosis without myelopathy, lumbosacral spondylosis and persistent disorder of initiating or maintaining sleep. Under consideration are requests for a left wrist brace. An EMG/NCV of the bilateral upper extremity dated 05/16/13 documented abnormal nerve conduction study velocity in the median distribution on the left upper extremity suggestive of carpal tunnel. Per a progress note dated 12/18/13, the patient complained of left neck and wrist pain. On examination, there was diminished sensation in the entire left arm. The reflexes were symmetrically absent. Per documentation dated 9/2/14 which was a Primary Treating Physician's Progress Report (PR-2) dated 09/02/14, the patient complained of chronic neck, shoulder and low back pain due to degenerative spondylosis of the cervical and lumbar spine. There were no objective findings regarding the left wrist. The pain was rated at 8-9/10, 9/10 at average and 8/10 with affective pain. Documentation dated 5/11 refers to patient using splinting and modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left 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 Carpal Tunnel Syndrome (updated 02/22/2014) Splinting

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Carpal Tunnel Syndrome-splinting

Decision rationale: Left wrist brace is not medically necessary per the MTUS ACOEM and the ODG guidelines. The guidelines state that the initial treatment of carpal tunnel syndrome should include night splints. Day splints can be considered for patient comfort as needed to reduce pain, along with work modifications. The documentation makes reference to the patient using splints in the past. It is unclear why she needs a new splint. Without clarification of this information the request for a left wrist brace is not medically necessary.