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| Case Number: | CM14-0174818 | | |
| Date Assigned: | 10/28/2014 | Date of Injury: | 10/27/2013 |
| Decision Date: | 12/04/2014 | UR Denial Date: | 10/16/2014 |
| Priority: | Standard | Application Received: | 10/22/2014 |

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:

This 49 year-old patient sustained an injury on 10/27/13 while employed by [REDACTED]. Request(s) under consideration include Left Wrist brace. Diagnoses include Shoulder/arm sprain and Cervicobrachial syndrome. Report of 10/9/14 from the provider noted the patient with chronic ongoing mild rib pain, neck and left upper extremity pain and back pain unchanged from previous visit. Medications list Naproxen, topical compounds Tramadol/Apap, Lidocaine/prilocaine cream, Klonopin, and Tylenol EX. There is also reported right facial numbness. The patient had completed the PT which she stated was beneficial and was doing her exercises, but pain has returned. Exam showed normal gait and mobility without use of device; normal posture; diffuse tenderness, spasm, tight muscle band and trigger points over paracervical muscles/ rhomboids/ SC (sternoclavicular) joint and trapezius; myofascial trigger points; and negative Spurling's testing without pain in neck or radicular symptoms in arm; all upper limb reflexes are equal and symmetric. Diagnoses included chronic pain syndrome; shoulder/arm sprain nos (not otherwise specified); cervicobrachial syndrome; pain in limb; and rib sprain/strain. Treatment included acupuncture and left wrist brace. The request(s) for Left Wrist brace was non-certified on 10/16/14 citing guidelines criteria and lack of medical necessity.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand Chapter, Splinting

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm-Wrist-Hand, Splints

Decision rationale: The submitted reports have no subjective complaints, clinical findings, or diagnoses relating to the wrist. There are no documented reports regarding specific neurological deficits of the wrist or diagnosis involving a wrist disorder. There is no clinical exam or findings for any wrists issues that would support the wrist braces. ACOEM Guidelines support splinting as first-line conservative treatment for CTS (carpal tunnel syndrome), DeQuervain's, Strains; however, none have been demonstrated to support for this wrist brace. The Left Wrist brace is not medically necessary and appropriate.