

Case Number:	CM14-0176809		
Date Assigned:	10/30/2014	Date of Injury:	09/13/2013
Decision Date:	12/05/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/24/2014

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 Family Medicine and is licensed to practice in Utah. 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 31 year-old female. The patient's date of injury is 9/13/2013. The mechanism of injury was a trip and fall. The patient has been diagnosed with Radial styloid tenosynovitis, Carpal tunnel syndrome, and cubital tunnel syndrome. The patient's treatments have included surgical intervention (carpal tunnel release), imaging studies, and medications. The physical exam findings dated Oct 16, 2014 shows the right wrist with tenderness to palpation at the base of the right thumb. The range of motion is described as painful with extension. There is some pain with flexion, and the Finkelstein test was noted as positive. The patient's medications have included, but are not limited to, Ketoprofen cream, cyclobenzaprine and Celebrex. The request is for a soft thumb CMC brace, and a nighttime elbow extension brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soft thumb CMC brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines California Code of regulations, Title 8. Decision based on Non-MTUS Citation Official Disability Guidelines-Work loss data institute

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a soft thumb CMC brace. MTUS guidelines state the following: "Splinting as first-line conservative treatment for CTS, DeQuervain's, strains, etc, if recommended."The clinical documents state that the patient has a diagnosis of Carpal tunnel syndrome. This patient meets criteria for a splint/brace. According to the clinical documentation provided and current MTUS guidelines; a soft thumb CMC brace is indicated as a medical necessity to the patient at this time.

Nighttime elbow extension brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Work loss data institute

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case and the clinical documents were reviewed. The request is for a nighttime elbow extension brace.MTUS guidelines state the following: "Splinting as first-line conservative treatment for CTS, DeQuervain's, strains, etc, if recommended." The clinical documents state that the patient has a diagnosis of cubital tunnel syndrome. This patient meets criteria for a splint/brace. According to the clinical documentation provided and current MTUS guidelines; a nighttime elbow extension brace is indicated as a medical necessity to the patient at this time.