MAXIMUS Federal Services

Case Number:	CM14-0032147		
Date Assigned:	06/20/2014	Date of Injury:	02/01/2012
Decision Date:	07/17/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/13/2014

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 Ohio and Texas. 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 injured worker is a 44 year old male who reported an injury on 02/01/2012 due to a mechanism of unknown origin. The injured worker was assessed by a physician and received the following diagnosis: 1) Right upper extremity overuse syndrome, 2) Left upper extremity overuse syndrome, 3) Right carpel tunnel syndrome, 4) Left carpel tunnel syndrome, 5) Status-post surgery to ventral abdominal hernia. The injured worker describes bilateral wrist pain to the hands as pain of unknown level with numbness, tingling and weakness of the hands and neck. The injured worker reports the symptoms are worsened by grasping, gripping, repetitive motion and turning neck side to side. The physician initiated conservative care to the injured worker. The injured worker was prescribed Tramadol and Norco for pain. An EMG of the muscles of the upper extremities innervated via the brachial plexus through nerve roots C5-T1 was conducted on 12/06/2013; the findings indicated no acute or chronic denervation potentials in any of the muscles tested and left moderate and right severe Carpel Tunnel Syndrome. On 01/08/2014, the physician assessed the injured worker and noted left and right wrist range of motion is painful (pain scale level not noted) and carpel compression causes numbness. Further, bilateral Katz hand diagram scores are positive, Tinel sign, Phalen's test and bilateral Flick sign are positive. The physician is requesting bilateral wrist braces. The request authorization and rationale were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral wrist braces: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Procedure Summary last updated (05/07/2013).

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

Decision rationale: The request for bilateral wrist braces is non-certified. CA MTUS guidelines for wrist braces states prolonged splinting leads to weakness and stiffness and there is no recommendation for or against its use in the treatment of any forearm, wrist or hand disorder. The injured worker is not responding to conservative care and there is no medical benefit for the expenditure for bilateral wrist braces. As such, the request is non-certified.