

Case Number:	CM14-0043347		
Date Assigned:	07/02/2014	Date of Injury:	01/26/2010
Decision Date:	08/19/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/10/2014

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 Family Practice 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:

The 60 yr. old female claimant sustained a cumulative work injury from 8/2012-8/2013 involving her neck, back, shoulders, elbows, wrists and feet. Specifically she was diagnosed with bilateral carpal tunnel syndrome. A progress note on 2/5/14 indicated the claimant a normal wrist exam except for a positive Phalen's test. She had no prior surgical intervention. She had pain at night and difficulty sleeping. The treating physician recommended wrist splints for use at night to neutralize the carpal tunnel symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Universal Wrist Brace times two, bilateral wrist: QTY: 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODGWrists pain.

Decision rationale: According to the ACOEM guidelines, splinting is 1st line treatment for carpal tunnel. Prolonged use can lead to stiffness. The ODG, MTUS guidelines do not indicated the use of brace at night for carpal tunnel. In addition, there is insufficient evidence to support

their use. The length of brace use is also not specified. Therefore, the request for bilateral wrist braces is not medically necessary.