

<b>Case Number:</b>	CM14-0045025		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	01/06/2002
<b>Decision Date:</b>	12/23/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Preventive Medicine 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:

According to the records made available for review, this is a 52-year-old male with a 1/6/02 date of injury. At the time (3/12/14) of Decision for Kronos Lumbar Support and Right Pro Wrist Support, there is documentation of subjective (ongoing low back, right shoulder, and right wrist pain) and objective (tenderness to palpation over the paraspinous musculature of the lumbar region, positive muscle spasms in the lumbar spine, decreased range of motion of the lumbar spine, and positive Tinel's and Phalen's signs bilaterally) findings, current diagnoses (right shoulder impingement, overuse tendonitis bilateral upper extremities, lumbar sprain/strain, and status post bilateral carpal tunnel release), and treatment to date (physical therapy and medications). Regarding Kronos Lumbar Support, there is no documentation of compression fractures, spondylolisthesis, or documented instability. Regarding Right Pro Wrist Support, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which a wrist brace is indicated (acute, subacute, or chronic CTS; moderate or severe acute or subacute wrist sprains; acute, subacute, or chronic ulnar nerve compression at the wrist; acute, subacute, or chronic radial nerve neuropathy; scaphoid tubercle fractures; acute flares or chronic hand osteoarthritis; Colles' fracture; or select cases (patients who decline injection) of acute, subacute, or chronic flexor tendon entrapment).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kronos Lumbar Support:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Low Back Chapter -Physical Methods: Lumbar Supports

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar Support

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) reference to American College of Occupational and Environmental Medicine (ACOEM) identifies that lumbar support have not been shown to have any lasting benefit beyond acute phase of symptom relief. Official Disability Guidelines (ODG) identifies documentation of compression fractures, spondylolisthesis, or documented instability, as criteria necessary to support the medical necessity of lumbar support. Within the medical information available for review, there is documentation of diagnoses of right shoulder impingement, overuse tendonitis bilateral upper extremities, lumbar sprain/strain, and status post bilateral carpal tunnel release. However, there is no documentation of of compression fractures, spondylolisthesis, or documented instability. Therefore, based on guidelines and a review of the evidence, the request for Kronos Lumbar Support is not medically necessary.

**Right Pro Wrist Support:** 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) ODG: Carpal Tunnel Syndrome - Splinting

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

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) reference to American College of Occupational and Environmental Medicine (ACOEM) guidelines identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which a wrist brace is indicated (such as: acute, subacute, or chronic CTS; moderate or severe acute or subacute wrist sprains; acute, subacute, or chronic ulnar nerve compression at the wrist; acute, subacute, or chronic radial nerve neuropathy; scaphoid tubercle fractures; acute flares or chronic hand osteoarthritis; Colles' fracture; or select cases (i.e., patients who decline injection) of acute, subacute, or chronic flexor tendon entrapment), as criteria necessary to support the medical necessity of wrist splinting. Within the medical information available for review, there is documentation of diagnoses of right shoulder impingement, overuse tendonitis bilateral upper extremities, lumbar sprain/strain, and status post bilateral carpal tunnel release. However, despite documentation of subjective (right wrist pain) and objective (positive Tinel's and Phalen's signs bilaterally) findings, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which a wrist brace is indicated (acute, subacute, or chronic CTS; moderate or severe acute or subacute wrist sprains; acute, subacute, or chronic ulnar nerve compression at the wrist; acute, subacute, or chronic radial nerve neuropathy; scaphoid tubercle fractures; acute flares or chronic hand osteoarthritis; Colles' fracture; or select cases (patients

who decline injection) of acute, subacute, or chronic flexor tendon entrapment). Therefore, based on guidelines and a review of the evidence, the request for Right Pro Wrist Support is not medically necessary.