

Case Number:	CM14-0046440		
Date Assigned:	07/02/2014	Date of Injury:	02/12/2013
Decision Date:	09/08/2014	UR Denial Date:	02/26/2014
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 Nevada. 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 records presented for review indicate that this 31 year old male was reportedly injured on February 12, 2013. The mechanism of injury is noted as climbing down a ladder. The most recent progress note, dated August 18, 2014, indicates that there are ongoing complaints of shoulder pain when reaching overhead and numbness in the right hand when writing, typing, and grasping. Current medications include Tramadol. The physical examination demonstrated near full range of motion of the right shoulder with a smooth arc of abduction. Nerve conduction studies indicated bilateral carpal tunnel syndrome. Previous treatment includes a right shoulder subacromial decompression, distal clavicle resection, and debridement of a partial rotator cuff tear. A request was made for a right wrist brace and was not certified in the preauthorization process on February 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brace for the right wrist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index , 12th edition (web), 2014, Forearm, Wrist, Hand Chapter, Splints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Splinting, Updated February 20, 2014.

Decision rationale: The previous utilization management review states that the use of a brace is recommended for treatment of displaced fractures and also states that it is not recommended for the use of a wrist sprain. The injured employees nerve conduction studies show evidence of carpal tunnel syndrome. The Official Disability Guidelines recommends splinting of the wrist in neutral position night and day as needed as an option for conservative treatment for carpal tunnel syndrome. Therefore this request for a brace for the right wrist is medically necessary.