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| <b>Case Number:</b>   | CM14-0051463 |                              |            |
| <b>Date Assigned:</b> | 06/23/2014   | <b>Date of Injury:</b>       | 06/28/2013 |
| <b>Decision Date:</b> | 07/25/2014   | <b>UR Denial Date:</b>       | 02/21/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/21/2014 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 Physician 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 30 year old female who reported an injury on 06/28/2013 from dropping a frying pan. The injured worker had a history of right wrist pain with pain 7/10 on the VAS (visual analog scale) pain scale. The injured worker had a diagnosis of tenosynovitis hand/wrist. The injured worker had received 6 weeks of failed physical therapy that included hot/cold packs, electric stimulation, manual therapy and a corticosteroid injection with a 30 percent improvement. The physical examination to the right wrist reveals flexion 60 degrees, and extension 60 degrees. The injured worker did not have any medications. The treatment plan includes electro acupuncture times three weeks and wrist brace. The authorization form is not submitted within documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: Wrist Brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Forearm, Wrist & Hand (Acute &Chronic) (updated 02/12/14).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

**Decision rationale:** The request for right wrist brace is not medically necessary. The California MTUS/ACOEM Guidelines indicate the initial care of carpal tunnel syndrome should be the use of night splints, and day splints can be considered for the injured worker to reduce pain and increase comfort, along with work modifications including limitations of keyboard work or pinch-grasping may be necessary during the first few weeks after onset of acute tendinitis, tenosynovitis, nerve impingement, or irritation around a ganglion. The injured worker had already received 6 weeks of physical therapy and had returned to work using the register with repetitive motions. The documentation was not evident that the injured worker had a diagnosis of carpal tunnel syndrome or that the injured worker had been educated on proper medication use or a home therapy program. The request did not specify which hand the brace was for, and as such the request is not medically necessary.