

Case Number:	CM14-0054909		
Date Assigned:	04/25/2014	Date of Injury:	03/05/2009
Decision Date:	07/07/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/18/2014

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 Occupational 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:

The applicant has filed a claim for chronic wrist pain reportedly associated with an industrial injury of March 5, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; intermittent periods of time off of work; and reported return to regular work. The applicant has apparently filed for multifocal elbow, mid back, wrist, and neck pain with derivative anxiety, depression, and sleep disturbance reportedly associated with cumulative trauma at work. In a Utilization Review Report of February 18, 2014, the claims administrator denied a request for a wrist brace. The decision was extremely difficult to read. The claims administrator cited a variety of MTUS and non-MTUS Guidelines, many of which do not pertain to the request at hand. The claims administrator cited non-MTUS ODG Guidelines in its decision to deny the hand splint. The applicant's attorney subsequently appealed. In an October 28, 2013 progress note, handwritten, not entirely legible, the applicant was described as reporting persistent neck and wrist pain with associated tenderness to touch. The applicant exhibited a positive Finkelstein maneuver about the wrist with tenderness appreciated about the first carpometacarpal (CMC) joint. The applicant was placed off of work, on total temporary disability, for six weeks. Home exercises, medications, and a wrist brace/wrist wrap were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT 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 (ODG-TWC), 11th Edition, Forearm, Wrist And Hand (Updated 05/08/13).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264, 272.

Decision rationale: Yes, the proposed wrist brace is/was medically necessary, medically appropriate, and indicated here. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-7, page 272, splinting is "recommended" as a first-line conservative treatment for carpal tunnel syndrome, de Quervain's tenosynovitis, and strain injuries. In this case, the applicant does seemingly carry a diagnosis of de Quervain's tenosynovitis for which a wrist brace is indicated, appropriate, and further supported by the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-4, which suggests limiting the motion of inflamed structures in individuals with de Quervain's tenosynovitis with wrist and/or thumb splinting, as is proposed here. In this case, again, the handwritten and admittedly sparse information on file does seemingly establish the presence of issues associated with right wrist de Quervain's tenosynovitis, an issue for which wrist splinting is indicated, as suggested by ACOEM. Therefore, the request is medically necessary.