

Case Number:	CM14-0055869		
Date Assigned:	07/09/2014	Date of Injury:	07/09/2002
Decision Date:	08/29/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/25/2014

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 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 59-year-old male patient reported an industrial injury to the bilateral wrists on 7/9/2002 over 12 years ago, attributed to the performance of his customary job tasks. The patient was noted to have had several surgical interventions to the BUEs including left wrist debridement 2/03; status/post (s/p) right wrist fusion; s/p removal of L fusion plate; s/p right wrist knot formation; s/p left elbow release; s/p right elbow surgery; s/p left knee arthroscopy 12/14/11; s/p left elbow surgery TE release and joint debridement 2/16/2013. The patient complained of left elbow pain with objective findings of left elbow pain and swelling. The treating diagnosis was left elbow pain DJD. There were no documented objective findings or complaints to the bilateral wrists/hands. Bilateral wrist/hand braces-Moddabber cock up short was dispensed to the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DME: Bilateral wrist hand braces: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand Chapter--Splints.

Decision rationale: The provided bilateral cock up wrist braces are not demonstrated to be medically necessary for the treatment of the effects of the industrial injury 12 years ago and was not demonstrated to be medically necessary. There is no objective evidence provided to support the medical necessity of the provided bilateral wrist braces for the diagnosis provided of left elbow pain. There was no documented diagnosis for the bilateral wrists to support medical necessity. The patient has no documented complaints or objective findings documented for the bilateral wrists/hands. Since no objective evidence was documented on examination for the right/left wrists or hands; there is no medical necessity for the dispensed bilateral wrist/hand cock up braces. There are no documented objective findings on examination to support the medical necessity of the dispensed bilateral cock up splints. Therefore, Retro DME: Bilateral wrist hand braces is not medically necessary.