

Case Number:	CM14-0060887		
Date Assigned:	07/09/2014	Date of Injury:	09/18/2008
Decision Date:	09/16/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/01/2014

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 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 injured worker is a 53-year-old female who sustained an injury on 09/18/2008 due to continuous trauma. Her diagnoses consist of denervation of the left lateral elbow, with fixation of the posterior branches of the posterior cutaneous nerve of the forearm, implantation of posterior branches of the posterior cutaneous nerve of the forearm innervating the left lateral elbow into the brachial radialis, debridement and excision of the angioma fibroblastic degenerative origin and release of the extensor carpi radialis brevis at the left lateral elbow with partial ostectomy and including the excision of degenerative origin of the extensor digitorum communis, left lateral elbow. The injured worker has had anti-inflammatory medications and has had use of braces, surgeries for carpal tunnel and for elbow and splint. She has had cortisone injections, chiropractic care, physical therapy, home exercise program, work activity restrictions, and exercises. The injured worker had an examination on 03/27/2014 with complaints of pain with gripping of the left hand. She reported the pain at 7/10 to 8/10 and it is located at the lateral elbow. The injured worker's range of motion of her elbow to the left was at 10 degrees extension and 115 degrees flexion. Her pronation was 70 degrees and on the left, and supination was 75 degrees. She did have full range of motion of the digits. She was neurologically intact demonstrating the median, radial, and ulnar motor function without deficit. There was no examination documentation to indicate that the injured worker had carpal tunnel syndrome. The medication list was not provided. The plan of treatment was for her to continue her range of motion with home exercise program to continue to strengthen her wrist flexors as well as forearm musculature. There was no mention of bracing on this examination. The request for authorization was not provided. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carpal tunnel brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: The ACOEM Guidelines recommend treating carpal tunnel syndrome with splinting to be used at night and also may be used during the day depending on activity. The injured worker does not have a diagnosis of carpal tunnel syndrome and there is not an assessment provided indicating significant physical examination findings to suggest carpal tunnel syndrome. Previous treatments included wearing braces and splints. She is postsurgical of her left elbow. There is a lack of clinical evidence to support the need and the medical necessity for a carpal tunnel brace. The clinical information fails to meet the evidence based guidelines for the request. Therefore, the request is not medically necessary and appropriate.