

<b>Case Number:</b>	CM14-0061429		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	12/22/2011
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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:

This 40 year-old female patient sustained an injury on 12/22/11 while employed by [REDACTED]. Diagnoses include cervical, thoracic, lumbar sprain/strain; elbow and wrist sprain/strain; and bilateral upper extremity radiculopathy. The patient has not worked since June of 2012. The report of 6/11/12 from the family practice provider noted the patient to be with chronic ongoing neck, back, and shoulder pain. Exam showed tenderness and spasms of the cervical, thoracic, and lumbar spine. Diagnoses include cervical, thoracic, lumbar sprain/strain; elbow and wrist sprain/strain; and bilateral upper extremity radiculopathy. Treatment included medications. Conservative care over the years has included physical therapy, TENS, chiropractic therapy, acupuncture, medications, psychological care, shoulder injections, and modified activities/rest. The patient has been evaluated by various specialists and started psych treatment that was helpful. Functional status was checked as unchanged along with no recorded change in exam. Treatment included medications Norco and Prilosec with unchanged modified work of 10 pounds limitation. An orthopedic report of 10/22/13 noted the patient to be with left wrist Kienbock's disease, stage 3B with failed conservative intervention including bracing, physical therapy, and medications. Exam with left wrist showing extension/flexion of 80/50 degrees; pain dorsally and centrally over left wrist; intact neurovascularly. Treatment recommendation included surgical intervention; however, the patient deferred. A Permanent & Stationary report of 1/20/14 from the provider noted the patient with ongoing chronic pain in the neck, mid and low back, bilateral shoulder, wrists, and hands with associated numbness and tingling of all fingers. Exam of the wrist/hands showed left wrist range limited in all planes; pain to palpation of wrist structures; positive Phalen's, Tinel's and Finkelstein's; Lumbar spine with muscle guarding; no spasm; tenderness to palpation at the paravertebral muscles; limited lumbar range; with normal deep tendon reflexes 2+; and normal

motor strength in all muscle groups of lower extremities and normal sensation throughout. Diagnoses regarding the wrists included bilateral carpal tunnel syndrome; Left Keinbock's disease (AVN of left lunate); and low back pain with lower extremity radiculopathy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 left wrist brace: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & hand (Acute & Chronic).

**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.

**Decision rationale:** The ACOEM guidelines recommend thumb splinting for diagnoses of DeQuervain's tenosynovitis to limit motion of inflamed structures and, under the Official Disability Guidelines, for immobilization treatment of fractures. Submitted reports have adequately demonstrated the medical necessity for treatment with the left wrist brace for clearly diagnosed Kienbock's disease (AVN of lunate fracture) on the CT scan of 7/2/13 and per hand specialist evaluation of 10/22/13 with clearly documented clinical presentation and limitations to support for this left wrist brace. The left wrist brace is medically necessary and appropriate.

#### **1 right wrist brace: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & hand (Acute & Chronic).

**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.

**Decision rationale:** The ACOEM and Official Disability Guidelines recommend the use of splinting/bracing as a treatment option for diagnoses of carpal tunnel syndrome to provide symptomatic relief with statistical evidence of predicted efficacy for duration of symptoms over 10 months, constant paresthesia, positive Phalen's less than 30 seconds, flexor tenosynovitis, and over age 50. Submitted reports have adequately demonstrated the medical necessity for treatment with the wrist splint with clearly documented clinical presentation and limitations to support for this durable medical equipment. The right wrist brace is medically necessary and appropriate.

#### **1 LSO/flexible back brace: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The California MTUS notes that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient is well beyond the acute phase of injury of 2011. There are no presented diagnoses of instability, compression fracture, or spondylolisthesis with spinal precautions to warrant a back brace for chronic low back pain. Reports have not adequately demonstrated the medical indication for the LSO. Based on the information provided and the peer-reviewed, nationally recognized guidelines, the request for an LSO cannot be medically recommended. In addition, the Official Disability Guidelines state that lumbar supports are not recommended for prevention, is under study for treatment of nonspecific low back pain, and only recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment. Submitted reports have not adequately demonstrated indication or support for the request beyond the guidelines recommendations and criteria. As such, the request is not medically necessary.