

Case Number:	CM14-0067640		
Date Assigned:	07/11/2014	Date of Injury:	12/31/2012
Decision Date:	10/03/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/12/2014

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 Internal 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 injured worker is a 50 year old female whose date of injury is 12/31/2012. The mechanism of injury is not described. Note dated 12/02/13 indicates that the injured worker got her wrist support. Diagnoses are cervical disc bulge, left shoulder sprain/strain, rotator cuff tear and impingement, left forearm sprain/strain, left hand carpal tunnel syndrome, lumbar herniated disc, left hip sprain/strain rule out internal derangement, left knee sprain/strain, left foot sprain/strain, symptoms of anxiety and depression and insomnia. The injured worker underwent lumbar epidural steroid injection on 03/08/14 with neuroplasty and facet blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral wrist braces/splints: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter, Splints

Decision rationale: Based on the clinical information provided, the request for bilateral wrist braces/splints is not recommended as medically necessary. There is insufficient clinical

information provided to support this request. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. There is no current, detailed physical examination submitted for review. There are no imaging studies/radiographic reports submitted for review. There is no clear rationale provided to support the requested braces/splints. Therefore, medical necessity is not established in accordance with the Official Disability Guidelines.