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| Case Number: | CM14-0073828 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 06/25/2013 |
| Decision Date: | 08/01/2014 | UR Denial Date: | 04/17/2014 |
| Priority: | Standard | Application Received: | 05/21/2014 |

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 Practice and is licensed to practice in Arizona. 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 patient is a 50-year-old female with a date of injury on 6/25/2013. Diagnoses include right hand tendinitis, lateral epicondylitis, right capitate and lunate possible osteonecrosis, and osteoarthritis. Subjective complaints are of constant right hand and wrist pain with severity of 7/10. Physical exam shows tenderness along the dorsal and palmar aspect of the right hand extending into the wrist. Range of motion was limited. Provocation tests were negative for the wrist. The right forearm had tenderness at the lateral epicondyle, with normal range of motion. There was positive Mill's and Cozen's sign. Electrodiagnostic studies demonstrated carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT WRIST BRACE AND RIGHT ELBOW SUPPORT: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG Forearm, Wrist and Hand Complaints (updated 2/18/14), Splinting.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) WRIST, ELBOW, SPLINTING.

Decision rationale: CA MTUS suggests that splinting is recommended for first-line conservative treatment, and is optional for prolonged use of splints. The ODG recommends splinting of the wrist in neutral position at night and day as needed, as an option in conservative treatment for symptoms of carpal tunnel syndrome. The ODG also states that wrist splints are effective in reducing wrist pain due to arthritis. This patient has a diagnosis of osteoarthritis, and electrodiagnostic evidence of carpal tunnel syndrome. For the elbow the ODG recommends bracing for cubital tunnel syndrome, including a splint or foam elbow pad worn at night, and/or an elbow pad. Therefore, the request for a wrist brace and elbow support is consistent with guideline recommendations, and is medically necessary.