

<b>Case Number:</b>	CM14-0083664		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	01/05/2010
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Oklahoma. 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 47-year-old female who reported an injury on 05/26/2011 due to cumulative trauma. On 04/01/2014, the injured worker presented with complaints of left wrist pain. Upon examination, there was hypertonicity noted over the left wrist region. The range of motion is limited by pain and spasm on the left. The range of motion values for the right wrist were 60 degrees of palmar flexion, 60 degrees of dorsiflexion, 20 degrees of abduction, and 30 degrees of adduction. The range of motion values for the left wrist revealed 50 degrees of palmar flexion, 50 degrees of dorsiflexion, 15 degrees of abduction, and 25 degrees of adduction. There was pain and spasm noted with range of motion bilaterally. Diagnosis were left carpal tunnel release, cervical disc syndrome, right carpal tunnel syndrome, lumbar disc syndrome, and left knee internal derangement. Prior therapy included medications. The provider recommended the purchase of a bilateral wrist brace. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of Bilateral Wrists Brace:** Upheld

**Claims Administrator 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 Treatment In Workers Compensation - Carpal Tunnel Syndrome Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

**Decision rationale:** The request for purchase of a bilateral Wrist Brace is not medically necessary. California MTUS/ACOEM Guidelines state that injured workers may be treated with a splint and medications before carpal tunnel surgery is considered. When treating with a splint in carpal tunnel syndrome, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night and may be used during the day depending upon activity. The injured worker is status post carpal tunnel syndrome for the left side and a diagnosis of right sided carpal tunnel syndrome. There is lack of rationale given for the purchase of a bilateral Wrist Brace. The request is not medically necessary.