

Case Number:	CM14-0088444		
Date Assigned:	07/23/2014	Date of Injury:	12/14/2012
Decision Date:	09/30/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/12/2014

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 Nevada, has a subspecialty in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 50 year old female was reportedly injured on December 14, 2012. The mechanism of injury was noted as cutting pieces of garments. The most recent progress note, dated May 9, 2014, which was handwritten and difficult to read, indicated that there were ongoing complaints of upper extremity pain and lumbar spine pain. The physical examination demonstrated revealed tenderness along the lumbar spine. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included physical therapy and oral medications. A request was made for a wrist brace (cock up, nonmolded) unspecified side and was not certified in the preauthorization process on June 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wrist Brace (Cock-Up, non-molded) unspecified side: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist, and Hand Chapter.

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, Splints, Updated August 8, 2014.

Decision rationale: According to the Official Disability Guidelines, the use of a brace and splint is recommended for displaced fractures and treatment for arthritic pain. A review of the medical records indicated that the injured employee has been diagnosed with a sprain/strain of the wrist. As such, this request for a cockup wrist brace is not medically necessary.