

Case Number:	CM14-0089196		
Date Assigned:	07/23/2014	Date of Injury:	04/28/1995
Decision Date:	08/29/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/13/2014

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 Illinois. 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 65-year-old female who reported an injury on 04/28/1995, the mechanism of injury was not provided. On 05/07/2014, the injured worker presented with neck and lower back pain. The diagnoses were cervical disc disease, lumbar disc disease, and bilateral wrist synovitis/sleep disorder. A cervical MRI revealed a multilevel 1.5 mm to 2 mm protrusion, and a lumbar MRI revealed a multilevel 2 mm to 3 mm protrusion. Prior therapies were not noted. The provider recommended a 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:

Wrist braces x 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG neck and upper back.

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

Decision rationale: MTUS ACOEM Guidelines state splinting is used as a first line therapy for conservative treatment for carpal tunnel syndrome, de Quervain's, and strains. However,

prolonged splinting leads to weakness and stiffness. There is a lack of documentation in the provided medical documents of subjective complaints or objective findings that reveal symptoms that would warrant the use of a wrist brace. As such, the request is not medically necessary.