

<b>Case Number:</b>	CM14-0089430		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	05/30/2013
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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, has a subspecialty in Pain Management 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:

This is a female patient with the date of injury of May 30, 2013. A Utilization Review was performed on May 6, 2014 and recommended non-certification of Diclofenac 1 po BID prn 75mg #60 and partial-certification of bilateral wrist braces for nocturnal use and to wrist brace for right hand only. A Progress Report dated April 11, 2014 identifies Subjective Complaints of persistent neck and upper extremity complaints. She complains of an aching right shoulder pain that radiates to the right arm with stabbing and pins-and-needles sensation in her right hand. She also complains of aching pain in her left arm with pins-and-needles sensation in her left hand. Objective Findings/Physical Examination identifies hypolordosis at rest. There is tenderness, guarding and spasm. Most of this is on the right side. The Spurling's maneuver is positive on the right. Cervical range of motion is decreased. Tinel's sign and Phalen's sign are present on the right hand. Diffuse forearm tenderness is present without specific swelling. There is a decrease in sensation in the radial distribution, as well as the C6 distribution. Resisted extension of the long digit is positive for pain at the radial tunnel. Resisted extension of the wrist is positive for pain at the lateral epicondyle. The radial tunnel is exquisitely tender to palpation. Decreased right elbow and forearm range of motion. Diagnoses identify status post right carpal tunnel release 10/14/13, right radial tunnel syndrome, right shoulder bursitis with acromioclavicular joint pain, right trapezial strain, left carpal tunnel syndrome with positive electromyogram (EMG) and nerve conduction studies, left radial tunnel syndrome, mild stress syndrome, and possible cervical radiculopathy. Treatment Plan identifies bilateral wrist braces for nocturnal use and Diclofenac 75 mg, 1 p.o. b.i.d. p.r.n., #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac 75mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS. Decision based on Non-MTUS Citation Official Disability Guidelines, Diclofenac/Formulary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72 of 127.

**Decision rationale:** Regarding the request for Diclofenac, Chronic Pain Medical Treatment Guidelines state that non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Diclofenac is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Diclofenac is not medically necessary.

**Durable Medical Equipment (DME): Wrist Brace for the right and left wrists:** 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): 272.

**Decision rationale:** Regarding the request for durable medical equipment (DME) wrist brace for the right and left wrists, California Medical Treatment Utilization Schedule (MTUS) does support splinting as first-line conservative treatment for multiple wrist/hand conditions. Within the documentation available for review, there is documentation of predominantly right hand symptoms consistent with carpal tunnel syndrome. However, while the patient is noted to have pins-and-needles sensation in her left hand, there is no documentation of objective findings regarding the left hand. Unfortunately, there is no provision in place to modify the request. As such, the currently requested Durable Medical Equipment (DME): Wrist Brace for the right and left wrists is not medically necessary.