

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0090702 |                              |            |
| <b>Date Assigned:</b> | 09/19/2014   | <b>Date of Injury:</b>       | 07/28/2011 |
| <b>Decision Date:</b> | 10/17/2014   | <b>UR Denial Date:</b>       | 05/30/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/16/2014 |

### 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 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:

The injured worker is a 70 year-old female who sustained work-related injuries on July 28, 2011. Per medical records dated January 22, 2014, the injured worker was noted still with pain in the right shoulder, right wrist and right hand. An Electromyography (EMG) performed on January 16, 2013 showed radiculopathy in C7 while magnetic resonance imaging (MRI) scan of the right wrist dated November 14, 2013 was positive. She underwent psychological evaluation on April 1, 2014. It was opined that she was manifesting psychological issues which the provider think are compensatory consequences of her significant physical injury. She was also recommended to undergo 8 psychotherapy sessions over the next two and half months. She is diagnosed with (a) rotator cuff tear repair surgery, (b) carpal tunnel syndrome, and (c) pain in joint arthralgia: forearm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Wrist Brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Carpal Tunnel Chapter, Splinting

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Splinting Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Exercises

**Decision rationale:** Although splinting or wrist support is supported by evidence-based guidelines as part of conservative treatment and to be worn day and most especially in the night, records reveal that she was currently utilizing a prior wrist brace. However, there is no indication as to why another brace is needed if she is currently using one (e.g., worn out braces). Due to lack of substantial justification for the requested second right wrist brace, the medical necessity of the requested right wrist brace is not established.

**Pulling System Exercise Kit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Carpal Tunnel Chapter, Exercise

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Home Exercise Kits Official Disability Guidelines (ODG) Shoulder, Physical Therapy

**Decision rationale:** Although evidence-based guidelines indicate that exercise alone is recommended as part of conservative treatment specifically for wrist range of motion and strengthening, there are no substantial evidence-based support when it comes to exercise kit for the wrist or carpal tunnel syndrome. Moreover, a home pulley system or exercise kit has only been recommended for the shoulders. Based on the lack of evidence-based guideline support for a home pulling system exercise kit for carpal tunnel syndrome or wrists, the medical necessity of the requested pulling system exercise kit is not established.