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| Case Number: | CM13-0031659 | | |
| Date Assigned: | 12/04/2013 | Date of Injury: | 02/19/2012 |
| Decision Date: | 03/06/2015 | UR Denial Date: | 09/04/2013 |
| Priority: | Standard | Application Received: | 10/04/2013 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 two injury dates listed as follows; 09/06/2011, 02/19/2012. The mechanism of injury is described as while cleaning the floor a bag of laundry hit her cleaning cart resulting in it hitting her on the mid to upper back region. A rehabilitation consultation dated 07/18/2013 reported that she was diagnosed with a thoracic contusion and lumbar strain and referred for chiropractic care. There was note of having participated in 6 sessions with continued complaints of pain. There is note of her going under medical management of pain as receiving multiple injections of Toradol treating pain flare ups. She is noted to have progressed to full work duties. Subsequently, she sustained a new injury on 02/19/2012 while lifting a heavy bundle of wet linen and experienced severe pain to left wrist, fingers and forearm area. A primary treating physician note dated 08/19/2013 reported current symptoms are moderate to severe pain that is constant in her left arm, shoulder and upper back. She is prescribed Soma, Tylenol and Diclofenac ER. She has undergone prior left carpal tunnel release and works fulltime modified duties. She is diagnosed with lateral epicondylitis, myofascial pain syndrome, sprain thoracic region and left wrist pain. Physical therapy is noted with authorization treating thorascapular stabilization. A request for services dated 08/20/2013 asking for a left wrist brace was denied by the Utilization Review on 09/04/2013 as not meeting medical necessity requirements.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left wrist brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Forearm, Wrist & Hand, Splints

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Forearm Wrist Hand and Carpal Tunnel, Splint

Decision rationale: MTUS is silent with regards to wrist brace. ACOEM states regarding wrist immobilization, Splinting of wrist in neutral position at night & day may be indicated for carpal tunnel syndrome and Limit motion of inflamed structures with wrist and thumb splint. ACOEM further states Limit motion of inflamed structures for tendinitis and tenosynovitis, but does not specify with splinting. ODG (carpal tunnel) refers to splinting section for braces, splinting the wrist beyond 48 hours following CTS release may be largely detrimental, especially compared to a home physical therapy program. Medical records do indicate carpal tunnel syndrome with release greater than 48 hour ago. The treating physician does not detail any extenuating circumstances that warrant exception to the guidelines outlined above. As such, the request for left wrist brace purchase is not medically necessary at this time.