

Case Number:	CM13-0033828		
Date Assigned:	12/06/2013	Date of Injury:	02/08/2007
Decision Date:	04/02/2015	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/10/2013

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: Texas, New York, California

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:

The applicant is a represented 53-year-old [REDACTED] employee who has filed a claim for chronic hand, wrist, knee, and neck pain reportedly associated with cumulative trauma at work, first claimed on February 8, 2007. In a utilization review report dated October 5, 2013, the claims administrator denied a request for wrist splints for the primary diagnosis of carpal tunnel syndrome. The claims administrator referenced progress notes of July 26, 2013 and September 5, 2013. The claims administrator referenced non-MTUS Third Edition ACOEM Guidelines in its determination and, furthermore, mislabeled the same as originating from the MTUS. The applicant's attorney subsequently appealed. In a handwritten note dated June 17, 2013, difficult to follow, not entirely legible, the applicant apparently reported issues with paresthasias about the bilateral hands status post left and right carpal tunnel release surgeries. Work restrictions were endorsed. The applicant was working with restrictions in place. A multimodality transcutaneous electrical therapy device was apparently endorsed on that occasion. On September 5, 2013, the attending provider noted that the applicant continued to have upper extremity paresthasias. The applicant was still working. Replacement wrist braces were endorsed through a handwritten RFA form on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPLACEMENT BILATERAL WRIST BRACE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-4, page 264, splinting of the wrist in a neutral position at day and night is "recommended" as a method of symptom control for carpal tunnel syndrome, the diagnosis reportedly present here. The applicant has apparently developed recurrent upper extremity paresthesias following earlier failed left and right carpal tunnel release surgeries. Introducing/replacing wrist braces, thus, was indicated on or around the date in question. Therefore, the request was medically necessary.