

<b>Case Number:</b>	CM14-0113412		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/11/2011
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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. 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: 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:

This is a 49-year-old female with a 9/11/11 date of injury. The injury occurred when she was standing on a ladder inside a freezer and the ladder collapsed. She struck her right knee and ankle against the ladder. She also claimed a cumulative trauma to her low back and both wrists as a result of continuous work. According to a QME report dated 3/17/14, the patient complained of pain in her right ankle, right knee, right wrist, left wrist, and her low back. She stated that her low back symptoms have significantly improved. She stated that the pain in her wrists, right ankle, and right knee were constant with extensive walking, bending, and grabbing. Objective findings: motor function in the upper extremities was graded 5/5 in the biceps, triceps, wrist flexors and extensors and intrinsic of the hand, no sensory deficits in the upper extremities, limited range of motion of lumbar spine, full range of motion of both knees and ankles. Diagnostic impression: bilateral carpal tunnel syndrome, right ankle contusion, traumatic chondromalacia of the patellofemoral joint of the right knee, lumbosacral strain. Treatment to date: medication management, activity modification, physical therapy, acupuncture, and shockwave therapy. A UR decision dated 7/7/14 denied the request for bilateral wrist wraps. There was no recent examination of the area that the DME/brace is being requested for. There is no evidence of a joint dysfunction requiring bracing/restriction of movement. The request for bracing of 5-different anatomical areas almost 3-years post claim-date challenges credulity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Wrist Wraps:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Splints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter - Wrist splinting.

**Decision rationale:** CA MTUS guidelines recommend wrist splinting for acute, subacute, or chronic CTS; moderate or severe acute or subacute wrist sprains; acute, subacute, or chronic ulnar nerve compression at the wrist; acute, subacute, or chronic radial nerve neuropathy; scaphoid tubercle fractures; or acute flares or chronic hand osteoarthritis; Colles' fracture. However, in the present case, there is no documentation of a physical examination of the wrists. In addition, this patient has a 2011 date of injury, and wrist splinting is not recommended for chronic wrist sprains. Therefore, the request for Bilateral Wrist Wraps is not medically necessary.