MAXIMUS Federal Services

Case Number:	CM14-0124939		
Date Assigned:	08/11/2014	Date of Injury:	02/03/2012
Decision Date:	12/16/2015	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/07/2014

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: Texas, Florida, 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 injured worker is a 29 year old female who sustained an industrial injury on 02-03-2012. A review of the medical records indicated that the injured worker is undergoing treatment for elbow sprain and strain, wrist sprain and strain, left thumb and 5th finger injury. The injured worker is status post left 5th finger surgery (no date or procedure documented). According to the treating physician's progress report on 07-14-2014, the injured worker continues to experience achy left forearm pain with weakness and left wrist pain radiating to all 5 digits associated with weakness, cramping, numbness and tingling. Examination of the left elbow and forearm demonstrated decreased painful range of motion with 3 plus tenderness to palpation of the posterior elbow and dorsal forearm. Cozen's and Mill's tests caused pain. The left wrist revealed decreased and painful range of motion with 3 plus tenderness to palpation of the dorsal and volar wrist. A scar on the left 5th finger from a laceration and surgery was noted. Prior treatments consisted of diagnostic testing, surgery and medications. Current medications were listed as Naproxen and Ibuprofen. Treatment plan consists of the current request for 1 left SPICA brace. On 07-16-2014 the Utilization Review determined the request for 1 left SPICA brace was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left SPICA Brace: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods.

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 11, page 264.This claimant was injured in 2012 with an elbow sprain and strain, wrist sprain and strain, left thumb and 5th finger injury. The injured worker is status post left 5th finger surgery, with an unknown date. As of 7-14-2014, there was left forearm pain with weakness and left wrist pain radiating to all 5 digits. The California MTUS-ACOEM guides, Chapter 11 for the Forearm, Wrist and Hand note, on page 263, note that bracing to the wrist and thumb is supported for just one condition. They note that initial treatment of carpal tunnel syndrome should include night splints. Day splints can be considered for patient comfort as needed to reduce pain, along with work modifications. I did not find the claimant had a condition supported for splinting under MTUS for this form of brace. Also, needless use of bracing can further restrict range of motion, and hamper functional restoration. The request was appropriately not medically necessary.