

Case Number:	CM14-0138643		
Date Assigned:	09/05/2014	Date of Injury:	06/14/2000
Decision Date:	09/24/2015	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/27/2014

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: North Carolina

Certification(s)/Specialty: Family Practice

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 46 year old male who sustained an industrial injury on 06-14-00. Initial complaints and diagnoses are not available. Treatments to date include medications, left knee surgery, a TENS unit, and multiple inguinal hernia repairs on the left. Diagnostic studies are not addressed. Current complaints include multiple unspecified orthopedic complaints. Current diagnoses include left knee recurrent internal derangement, right knee sprain and strain, lumbar discogenic disease with radiculitis, chronic cervical spine sprain and strain, cervical discogenic disease, and acute distal radius fracture, non-displaced but intra-articular. In a progress note dated 07-017-14 the treating provider reports the plan of care as medications including Norco, Anaprox, Flexeril, Prilosec and unnamed topical creams, as well as a TENS unit and a follow-up in 3 months. The requested treatment includes a left wrist brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left wrist brace for purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: The ACOEM chapter on wrist complaints states: When treating with a splint in CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night, and may be used during the day, depending upon activity. The patient has no primary wrist diagnoses that would support the use of a splint. Therefore, the request is not certified.