

Case Number:	CM14-0191306		
Date Assigned:	11/25/2014	Date of Injury:	12/04/2008
Decision Date:	01/12/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/17/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 [REDACTED] employee who has filed a claim for wrist pain reportedly associated with an industrial injury of December 4, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; a right carpal tunnel release surgery; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; and a 21% whole person impairment rating issued through a medical-legal evaluation dated August 12, 2013. In a Utilization Review Report dated October 15, 2014, the claims administrator partially approved a request for bilateral wrist braces as one (1) wrist brace on the grounds that a previously provided wrist brace was unusable, torn, and tattered. The claims administrator stated that its decision was based on a teleconference with the attending provider at which point it was suggested that the applicant only needed one replacement brace. The claims administrator stated that its decision was also based on a progress note of September 30, 2014 and an RFA form of October 10, 2014. In a handwritten note dated September 30, 2014, the applicant was given a diagnosis of left-sided carpal tunnel syndrome. A positive Tinel sign at the left wrist was appreciated. Paresthesias and hyposensorium were appreciated about the left wrist in the median nerve distribution. The applicant was not working and had reportedly retired, it was acknowledged. The applicant was status post a right carpal tunnel release surgery and did have comorbid diabetes and hypertension. Naprosyn and Norco were prescribed. The attending provider ultimately wrote that the applicant had had very good results following a right carpal tunnel release surgery. The applicant stated that she would apparently consider a left carpal tunnel release surgery. The stated diagnosis on the September 30, 2014 RFA form was left-sided carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wrist Brace (x2): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines Carpal Tunnel Syndrome Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-7, prolonged splinting is deemed "optional," as ACOEM expresses concerns that this may lead to weakness and stiffness if used on a protracted basis. Here, the requesting provider seemingly acknowledged in his progress note and on teleconference with the claims administrator, the applicant's symptoms are confined to the symptomatic left upper extremity. The applicant does not have any residual symptoms of right-sided carpal tunnel syndrome following earlier right carpal tunnel release surgery. Since the request for bilateral wrist braces x2 would, by implication, include provision of a wrist brace for the now-asymptomatic right wrist, the request, as written, cannot be endorsed. Therefore, the request is not medically necessary.