

<b>Case Number:</b>	CM14-0193599		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	11/30/2012
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 Family Practice 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 injured worker is a fifty-nine year old female who sustained a work-related injury on November 30, 2012 during a slip and fall. Injuries were sustained to the right wrist and hand. A request for a purchase of a right wrist brace was non-certified by Utilization Review (UR) on November 12, 2014. The UR physician determined that according to ACOEM Guidelines, the scientific evidence supports the efficacy of neutral wrist splints in the treatment of carpal tunnel syndrome (CTS). In addition the Official Disability Guidelines (ODG) recommends splints for the treatment of displaced fractures. Upon review of the documentation submitted for review, the UR physician determined that there was no documentation to support that the injured worker was diagnosed with carpal tunnel syndrome or a displaced fracture and therefore the request for the purchase of a right wrist brace was non-certified. A request for independent medical review (IMR) was initiated on November 17, 2014. A review of the documentation submitted for IMR included a physician's report dated May 6, 2014. The evaluating physician noted that the injured worker's diagnoses included sprain/strain to the right wrist and hand and sprain to the elbow and shoulder. Her treatment was initially conservative including activity modification, physical therapy, and splinting, icing and anti-inflammatory medications. The evaluating physician noted that previous imaging performed on March 11, 2013 and on November 21, 2013 did not reveal carpal tunnel syndrome, advanced arthritic changes, dislocation or a fracture in the injured areas. Also documented included the results of an EMG and nerve conduction study performed on April 9, 2013 which were within normal limits. The physician noted that in spite of a good conservative treatment program, the injured worker continued to have persistent right upper extremity symptoms. During the examination, the injured worker complained of pain in her right upper extremity to include the shoulder, upper and lower arms, elbow and wrist. She reported relief of pain with over-the-counter pain medications and acupuncture therapy. Her treatment

plan included prescription pain medications and continued acupuncture therapy. A pain management physician's progress note dated May 13, 2014. The injured worker was seen for a follow-up visit following three sessions of acupuncture. The injured worker reported a three-week disruption in the acupuncture treatment due to the illness of a family member and because of the disruption, the injured worker reported that she did not have benefit from the acupuncture as she had previous sessions. The injured worker reported decreased pain in the right shoulder and wrist but noted that it would flare-up with overuse. She rated her pain a four to nine on a ten-point scale. On physical examination the injured worker had tenderness to palpation of the anterior lateral aspect of the right shoulder and the dorsal aspect of the right wrist. She had a decrease in the range of motion of the right wrist in all directions. The evaluating physician noted a plan of care which included continued acupuncture for the right shoulder and wrist, continuation of a home-based exercise program. Her work status was deferred to her primary treating physician. A review of a physician's report dated July 25, 2014 indicated that the injured worker's diagnoses included cervical disc disease, right shoulder sprain and strain, right wrist sprain and soft tissue mass in the dorsal right hand. The evaluating physician noted that an undated MRI of the right shoulder and wrist were normal except for extensor tenosynovitis in the wrist. The physician documented that the injured worker "does not need additional medical care for her right hand, elbow or shoulder." A pain management physician's evaluation dated October 28, 2014 indicated that the injured worker presented for a follow-up visit and had continued pain in her right wrist and right forearm. She reported that acupuncture had helped in relieving her pain and rated her pain an eight to ten on a ten-point scale. On examination, the injured worker had tenderness to palpation of the anterolateral aspect of the right shoulder and the dorsal aspect of the right wrist. She had a decreased range of motion of the right wrist in all directions and a ganglion cyst was found on the dorsal aspect of her right wrist. The evaluating physician recommended continued acupuncture, home exercise program, referral to a hand specialist, lidocaine patches and a soft wrist brace to be used at night to help the injured worker sleep.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Purchase of wrist brace, right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG Forearm, Wrist, & Hand

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist pain

**Decision rationale:** According to the guidelines, a wrist splint is recommended for fractures, carpal tunnel syndrome and DeQuervain's tenosynovitis. Prolonged splinting can lead to stiffness. The claimant's injury was not recent or acute. The length of use of a wrist brace was not specified. Although a wrist brace may be appropriate for the claimant's tenosynovitis findings on MRI, long term use/purchase is not medically necessary.