

Case Number:	CM14-0205108		
Date Assigned:	12/17/2014	Date of Injury:	10/16/2007
Decision Date:	02/06/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/08/2014

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 Physical Medicine Rehab, has a subspecialty in Pain 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 injured worker's original date of injury was October 16, 2007. The industrial diagnoses include chronic low back pain, TMJ dysfunction, chronic neck pain, brachial neuritis, lumbar radiculitis. The patient has received conservative treatment with pain medications and physical therapy for eight sessions in the cervical and lumbar spine. There is documentation in a progress note on October 22, 2013 that the patient has had EMG's of the upper extremities in the past but were negative twice. The disputed issue is a request for wrist bracing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment: Bilateral Wrist Braces - Bilateral: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Carpal Tunnel Syndrome (Acute & Chronic) Splinting

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

Decision rationale: Regarding the request for bilateral universal wrist brace, California MTUS does support splinting as first-line conservative treatment for multiple wrist/hand conditions. Within the documentation available for review, there is no clear rationale identifying why that

brace is appropriate. Much of the submitted documentation including physical therapy notes pertain to the injuries of the lumbar and cervical spine. In the absence of clear rationale, the request is not medically necessary.