

Case Number:	CM15-0006258		
Date Assigned:	01/26/2015	Date of Injury:	07/06/2011
Decision Date:	03/19/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/12/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

On 7/8/11, this 53 year old male sustained an industrial injury with subsequent right upper extremity pain. The injured worker complained of ongoing right shoulder, wrist and arm pain. Treatments included medications, physical therapy, right carpal tunnel release, right wrist surgery and right shoulder arthroscopy. In an office visit dated 12/16/14, the injured worker complained of right shoulder, hand and elbow pain as well as neck pain. Pain was rated 4-9/10 on the visual analog scale. Physical exam was remarkable for normal gait, intact sensation and reflexes throughout, decreased range of motion of the cervical spine, and tenderness to palpation in the acromioclavicular joint, glenohumeral joint and the lateral epicondyle. Current diagnoses included shoulder osteoarthritis, lateral epicondylitis, myofascial pain syndrome, carpal tunnel syndrome, cervical facet arthropathy and occipital neuralgia. The treatment plan included a right wrist brace, continuing current medications and a diagnostic cervical branch block. On 12/26/14, Utilization Review noncertified a request for right wrist brace citing lack of medical necessity and CA MTUS guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right wrist brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-254.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

Decision rationale: The 12/26/14 Utilization Review letter states the right wrist brace requested on the 12/16/14 medical report was denied because the reviewer did not think it was medically necessary. The reviewer cites MTUS/ACOEM guidelines that supports use of splints for carpal tunnel syndrome. The review letter states the patient's diagnoses includes right carpal tunnel syndrome, and notes the patient had right carpal tunnel release at an unknown date. The reviewer states there are no motor or neurological deficits. MTUS/ ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, Forearm, Wrist, and Hand Complaints, page 264, under Initial Care states: Initial treatment of CTS should include night splints. Day splints can be considered for patient comfort as needed to reduce pain, along with work modifications. The request for a wrist brace for carpal tunnel syndrome is in accordance with MTUS/ACOEM guidelines. The request for Right wrist brace IS medically necessary.