

Case Number:	CM15-0107384		
Date Assigned:	06/11/2015	Date of Injury:	09/01/2013
Decision Date:	07/13/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/03/2015

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:

The 29 year old female injured worker suffered an industrial injury on 09/01/2013. The diagnoses included chronic pain syndrome. The diagnostics included left shoulder and left wrist magnetic resonance imaging. The injured worker had been treated with physical therapy, medications, acupuncture and functional restoration program. On 4/20/2015 the treating provider reported chronic left upper extremity pain with radiations into the left cervical brachial region and up to left portion of the neck. She reported headaches associated with muscle tightness. On exam there was tenderness along the left wrist. The treatment plan included 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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: Current diagnoses included chronic pain syndrome. Submitted reports have not adequately demonstrated specific neurological deficits or red-flag conditions without remarkable clinical findings for any wrists issues that would support the wrist brace. ACOEM Guidelines support splinting as first-line conservative treatment for CTS and DeQuervain's to limit motion of inflamed structures and ODG has indication for immobilization with bracing in the treatment of fractures; however, none have been demonstrated here to support for the wrist brace. The Left wrist brace is medically necessary and appropriate.