

Case Number:	CM15-0016413		
Date Assigned:	02/04/2015	Date of Injury:	08/27/2004
Decision Date:	05/01/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47 year old female, who sustained an industrial injury on 08/27/2004. The medical records submitted for this review did not include details regarding the initial injury. Diagnoses included bilateral epicondylitis, bilateral wrist sprain, bilateral carpal tunnel syndrome, and bilateral tendinitis. Treatments to date include anti-inflammatory medication and bilateral wrist braces. Currently, the injured worker complains of increasing symptoms in bilateral upper extremities including numbness, tingling, pain, weakness, and difficulty gripping and grasping. On 12/18/14, the physical examination documented positive Tinel's and Phalen's tests and decreased grip strength bilaterally. The provider documented that the wrist braces were wearing out. The plan of care included continuation of anti-inflammatory and an order for new orthotic wrist braces for bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left wrist brace x 2: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Carpal Tunnel Syndrome (Acute & Chronic) Brace.

Decision rationale: The claimant is more than 10 years status post work-related injury, and continues to be treated for diagnoses including carpal tunnel syndrome. Being requested are bilateral carpal tunnel wrist brace replacements. In the treatment of carpal tunnel syndrome, guidelines recommend splinting of the wrist in neutral position at night and during the day as needed as an option in conservative treatment. The claimant has worn braces with benefit, which is supported by the need for replacement. The request is therefore medically necessary.

Right wrist brace x 2: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic) Brace.

Decision rationale: The claimant is more than 10 years status post work-related injury, and continues to be treated for diagnoses including carpal tunnel syndrome. Being requested are bilateral carpal tunnel wrist brace replacements. In the treatment of carpal tunnel syndrome, guidelines recommend splinting of the wrist in neutral position at night and during the day as needed as an option in conservative treatment. The claimant has worn braces with benefit, which is supported by the need for replacement. The request is therefore medically necessary.