

Case Number:	CM15-0135305		
Date Assigned:	07/23/2015	Date of Injury:	03/19/2013
Decision Date:	08/19/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/13/2015

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 31 year old male who sustained an industrial injury on 03/19/2013. Mechanism of injury was cumulative trauma. Diagnoses include bilateral wrist tendonitis, repetitive strain injury, myofascial pain syndrome and bilateral wrist strain. Treatment to date has included diagnostic studies, medications, acupuncture and physical therapy. There is unofficial documentation that a nerve conduction study was done and was normal. He works on a modified level at a different position. A physician progress note dated 06/17/2015 documents the injured worker complains of a lot of pain and discomfort involving his hands. There is tenderness and swelling noted of the hands, and range of motion is decreased. Tinel's sign and Phalen's sign was positive bilaterally. The treatment plan includes discontinuing Mobic and Ibuprofen because they were not working and starting on Naprosyn twice a day. Treatment requested is for right wrist braces #2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right wrist braces #2: Overturned

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

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 sustained a cumulative trauma work injury with date of injury in March 2013 and continues to be treated for hand pain and discomfort. The claimant is right-hand dominant. When seen, she was having symptoms bilaterally. Physical examination findings included tenderness and swelling with decreased range of motion. There was decreased strength. Tinel's and Phalen's test were positive. Recommendations included bilateral wrist splints. The claimant is being treated for chronic wrist and hand pain with clinical findings of carpal tunnel syndrome. 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. Providing bilateral wrist splints was medically necessary.