

Case Number:	CM15-0141522		
Date Assigned:	07/31/2015	Date of Injury:	09/11/2011
Decision Date:	08/28/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/21/2015

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:

This 46 year old woman sustained an industrial injury on 9-11-2011. The mechanism of injury is not detailed. Evaluations include right wrist MRI dated 2-20-2014. Diagnoses include right wrist triangular fibrocartilage complex tear, right carpal tunnel syndrome, left wrist pain, and left elbow pain. Treatment has included oral medications, physical therapy, steroid injections, wrist brace, and surgical intervention. Physician notes on a PR-2 dated 6-30-2015 show complaints of right wrist pain rated 8 out of 10. Recommendations include a new right wrist splint, physical therapy, Norco, anti-inflammatory medication, and Tramadol.

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): 265-266.

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 work-related injury in September 2011 and is being treated for right wrist and hand pain. When seen, there had been improvement after arthroscopic wrist surgery with debridement of the wrist in November 2014. She was using a wrist brace which was worn out. Treatments had included physical therapy and a cortisone injection. There was a diagnosis of carpal tunnel syndrome and the claimant had decided against further surgery. There was decreased wrist range of motion with swelling and positive Phalen's testing. 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 a brace with benefit which is supported by the need for its replacement. The wrist brace was medically necessary.