

Case Number:	CM15-0145342		
Date Assigned:	08/06/2015	Date of Injury:	04/27/2011
Decision Date:	09/02/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/27/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 64 year old male, who sustained an industrial injury on 4-27-11 Initial complaints were of his neck pain and upper extremity pain and lower extremity pain. The injured worker was diagnosed as having traumatic musculoligamentous strain cervical spine with spondylosis; left upper extremity radiculitis; left shoulder impingement with subluxation; residual brachial lesion injury; musculoligamentous strain of the lumbar spine; left leg radicular pain; sprain-strain left knee; anxiety; headaches; discogenic disease of the cervical spine. Treatment to date has included physical therapy; urine drug screening; medications. Currently, the PR-2 notes dated 5-7-15 indicated the injured worker complains of pain in his left shoulder. He has difficulty with repetitive pushing, pulling, and lifting activities. He has difficulty sleeping on the left shoulder. All of this has been increasing the anxiety. He also complains of the lower part of the cervical spine, paracervical muscles and his range of motion of the cervical spine has decreased. He complains of low back along with intermittent radicular pain in the left leg with heavy lifting activities. He reports his right knee pain has improved following an injection treatment. A MRI of the left shoulder reported on 3-30-15 was reviewed and revealed impingement syndrome with tendinosis and edema of the rotator cuff with a partial tear. There is fluid seen in the glenohumeral joint region. An EMG-NCV study was documented by the provider revealing mild bilateral median sensory demyelination neuropathy across the wrists (carpal tunnel) and the EMG findings are suggestive of chronic left C6 radiculopathy. On physical examination of the left shoulder, the provider notes there is tenderness on palpation over the subacromial region of the left shoulder. His Neer's test is positive as well as the thumbs down test. His range of motion on abduction and external rotation is limited. The cervical

spine is tender to palpation over the lower part of the cervical spine with a decreased range of motion. The lumbar spine is positive for spasms and tenderness to palpation over the lumbar spine and paravertebral muscles with spasms and guarding. The treatment plan recommended a left shoulder injection and if this did not improve the symptoms, the provider notes a left shoulder arthroscopy examination would be needed. He notes the injured worker has mild carpal tunnel causing pain and discomfort and advised the use of bilateral cock-up splints and a pain management evaluation. The provider is requesting authorization of 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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC 2015: CTS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 329.

Decision rationale: According to the guidelines, wrist braces are recommended as 1st line for carpal tunnel and DeQuervain's. Prolonged splinting is optional. In this case, the claimant has tendonitis and carpal tunnel. The injury is remote and brace or splints are not indicated in chronic situations. In addition, the length of use was not specified. As a result, the request for a left wrist brace is not medically necessary.