

Case Number:	CM15-0149367		
Date Assigned:	08/12/2015	Date of Injury:	04/01/2010
Decision Date:	09/09/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/31/2015

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, 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(n) 49 year old male, who sustained an industrial injury on 4-1-10. He reported pain in his lower back and right shoulder. The injured worker was diagnosed as having right shoulder impingement, lumbar disc bulge with facet arthropathy and right lumbar radiculopathy. Treatment to date has included physical therapy, chiropractic therapy, acupuncture, an EMG-NCV of the upper extremities in 2014, Ibuprofen and Percocet. As of the PR2 dated 6-24-15, the injured worker reports right shoulder pain that is aggravated by repetitive movements such as reaching, grabbing and pulling. He rates his pain a 7 out of 10 and worse with sleep. Objective findings include decreased right shoulder range of motion and tenderness to palpation in the shoulder joints. The treating physician noted that the injured worker is status post right shoulder surgery on 5-7-15 and is in physical therapy. The treating physician requested a right wrist soft brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

One right wrist soft braces: 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): 272.

Decision rationale: Regarding the request for a soft brace for right wrist, California MTUS does support splinting as first-line conservative treatment for multiple wrist/hand conditions. Within the documentation available for review, there are no current symptoms/findings suggestive of a right wrist condition for which a brace would be indicated. In the absence of such documentation, the currently requested soft brace for right wrist is not medically necessary.