

Case Number:	CM15-0162634		
Date Assigned:	08/28/2015	Date of Injury:	08/01/2010
Decision Date:	10/05/2015	UR Denial Date:	08/16/2015
Priority:	Standard	Application Received:	08/19/2015

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: 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:

This 57 year old female sustained an industrial injury to the left wrist, elbow and forearm and right shoulder, elbow on neck via repetitive stress on 8-1-10. Documentation did not disclose recent magnetic resonance imaging. Recent treatment consisted of physical therapy, injections and medications. In a PR-2 dated 8-10-15, the injured worker complained of persistent shoulder pain, lateral right elbow pain and right hand pain with weakness. The injured worker reported that cortisone injections had been moderately painful. The injured worker had undergone a pain management evaluation with recommendation for a functional restoration program. Physical exam was remarkable for bilateral shoulder with decreased and painful range of motion with tenderness to palpation over the left medial and lateral epicondyles. Current diagnoses included chronic pain syndrome, rotator cuff syndrome, osteoarthritis shoulders, bicipital tenosynovitis, arm joint pain, lateral and medial epicondylitis, shoulder bursitis and carpal tunnel syndrome. The treatment plan included a referral to pain management, continuing LidoPro gel and a refill of Norco. On 8-11-15, a request for authorization was submitted for bilateral volar wrist braces. The injured worker's diagnoses includes bilateral carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Volar wrist brace QTY: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, Hand - Acute & Chronic, Splints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: Per the CA MTUS ACOEM guidelines, when treating with a splint in CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night, and may be used during the day, depending upon activity. In this case, the injured worker is diagnosed with left carpal tunnel syndrome and the request for Left Volar wrist brace QTY: 1.00 is medically necessary and appropriate.

Right Volar wrist brace QTY: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, Hand - Acute & Chronic, Splints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: Per the CA MTUS ACOEM guidelines, when treating with a splint in CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night, and may be used during the day, depending upon activity. In this case, the injured worker is diagnosed with right carpal tunnel syndrome and the request for Right Volar wrist brace QTY: 1.00 is medically necessary and appropriate.