

<b>Case Number:</b>	CM15-0165222		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	04/04/2015
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: North Carolina  
 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 36 year old female sustained an industrial injury to the neck and back extremities via motor vehicle accident on 4-4-15. Magnetic resonance imaging thoracic spine (5-20-15) showed T3-4 disc disease. Magnetic resonance imaging lumbar spine showed L3-4 posterior ligamentous hypertrophy, L4-5 disc protrusion and L5-S1 bulging disc. In an orthopedic doctor's first report of occupational injury dated 6-4-15, the injured worker complained of pain in the neck, shoulder, knee, thoracic spine and lumbar spine with radiation to the right leg. The injured worker also complained of numbness in the hands and three fingers of the left hand. Grip strength by Jamar dynamometer testing was right 58 and left 46. In a PR-2 dated 6-23-15, the physician stated that the injured worker was getting worse. The physician stated that the injured worker was having multiple problems with pain to the back, cervical spine, left shoulder and bilateral upper extremities. Physical exam was remarkable for tightness, spasm and tenderness to palpation to the cervical spine, lumbar spine and thoracic spine, positive elbow flexion test, numbness of hands and positive Phalen's test. Current diagnoses included cervical spine sprain and strain, thoracic spine sprain and strain, lumbar spine sprain and strain, upper extremity complaints with possible nerve compression, double crush syndrome, carpal tunnel syndrome, ulnar nerve complaints, shoulder tendonitis and stomach complaints. The treatment plan included referral to internal medicine for evaluation of constipation, requesting authorization for acupuncture, physical therapy, electromyography bilateral upper extremities, an electric heating pad and braces for the wrist and elbows.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**(R) Wrist Brace purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

**Decision rationale:** The ACOEM chapter on wrist and hand complaints, in table 11-4, recommendations for splints or immobilization are for ligament strain, carpal tunnel syndrome or tendonitis. The provided clinical documents do not show the patient to have any of these diagnoses. Therefore, the request is not medically necessary.