

Case Number:	CM15-0166430		
Date Assigned:	09/04/2015	Date of Injury:	01/28/2015
Decision Date:	10/20/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/25/2015

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 31-year-old male, with a reported date of injury of 01-28-2015. The diagnoses include right wrist sprain and strain, rule out carpal tunnel syndrome. Treatments and evaluation to date have included Naproxen, therapy, and topical creams. The diagnostic studies to date have not been included in the medical records. The progress report dated 07-13-2015 indicates that the injured worker complained of cervical spine pain, rated 4 out of 10; thoracic spine pain, rated 6 out of 10; lumbar spine pain, rated 6 out of 10, headaches, rated 3 out of 10; and right wrist pain, rated 3 out of 10. The physical examination of the right wrist showed tenderness of the right dorsum. The documentation regarding the range of motion of the right wrist was handwritten and somewhat illegible. The doctor's first report dated 06-11-2015 indicates that the injured worker complained of headaches two times a week, intermittent neck pain, intermittent right wrist pain, and continuous middle and low back pain. He also complained of insomnia. The right wrist pain was aggravated with repetitive flexion, grasping, gripping, pushing, pulling, and when opening jars and bottles. He complained of numbness, tingling sensation, weakness, and loss of grip. The injured worker rated his right wrist pain 7-9 out of 10. The objective findings included diffuse tenderness over the right wrist area; and full range of motion with pain on the end of motion on the right. The injured worker's work status was temporary total disability from 06-11-2015 to 07-13-2015. The treating physician requested one right wrist brace. The rationale for the request was not indicated. On 07-30-2015, Utilization Review (UR) non-certified the request for one right wrist brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right wrist brace Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods, Summary.

Decision rationale: According to the guidelines wrist brace or immobilization is recommended in tenosynovitis, carpal tunnel and trigger fingers. In this case, the claimant has a wrist strain rather than the mentioned diagnoses. The injury is chronic. The length of brace use was not specified. The request is not justified and not medically necessary.