

Case Number:	CM15-0201920		
Date Assigned:	10/16/2015	Date of Injury:	09/14/2011
Decision Date:	11/30/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/14/2015

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

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 is a 49 year old male who sustained an industrial injury on 9-14-2011. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral wrist sprain-strain, bilateral wrist carpal tunnel syndrome per electromyography (EMG)-nerve conduction velocity (NCV) dated 12-1-2014 and bilateral wrist chronic overuse syndrome. According to the progress report dated 8-19-2015, the injured worker complained of pain and numbness in the bilateral wrists. He rated his pain 5 out of 10. The injured worker declined surgery for the right wrist. Per the treating physician (8-19-2015), the injured worker was temporarily totally disabled. Objective findings (8-19-2015) revealed tenderness to palpation of the bilateral wrists. Tinel's and Phalen's tests were positive. Treatment has included physical therapy and topical medications. The request for authorization was dated 8-19-2015. The original Utilization Review (UR) (9-23-2015) denied a request for bilateral wrist braces.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral wrist brace: 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.

Decision rationale: Submitted reports have not adequately demonstrated specific acute neurological deficits with remarkable clinical findings for the wrist issues that would support the wrist brace. Guidelines support splinting as first-line conservative treatment for acute CTS and DeQuervain's to limit motion of inflamed structures and ODG has indication for immobilization with bracing in the treatment of fractures; however, submitted reports have not demonstrated the indication, progressive symptom complaints with correlating clinical findings of acute diagnosis of inclusion to support for the wrist brace for this September 2011 injury without noted functional improvement from previous treatment rendered. The Bilateral wrist brace is not medically necessary and appropriate.