

Case Number:	CM15-0219984		
Date Assigned:	11/13/2015	Date of Injury:	12/08/2012
Decision Date:	12/22/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/09/2015

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, Georgia
 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 50-year-old female, who sustained an industrial-work injury on 12-8-12. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral wrist pain, right and left wrist strain and sprain rule out carpel tunnel syndrome. Treatment to date has included pain medication, activity modifications, off work and other modalities. Medical records dated 9-17-15 indicate that the injured worker complains of bilateral wrist pain that is severe with increased difficulty sleeping due to pain. Per the treating physician report, dated 9-17-15 work status is temporary totally disabled. The physical exam reveals no significant findings related to the bilateral wrists. The request for authorization date was 9-17-15 and requested services included a Left forearm brace and Right forearm brace. The original Utilization review dated 10-20-15 non-certified the request for a Left forearm brace and Right forearm brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left forearm brace: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist & Hand (updated 06/29/15) - Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Splinting.

Decision rationale: CA MTUS is silent on the use of forearm brace. ODG describes that splinting the wrist in neutral position is an option for conservative treatment of carpal tunnel syndrome. The medical record indicates a diagnosis of carpal tunnel syndrome and wrist splinting might be necessary but the request is for a forearm brace, which would not be expected to aid in conservative management of carpal tunnel syndrome. Left forearm brace is not medically necessary.

Right forearm brace: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist & Hand (updated 06/29/15) - Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Splinting.

Decision rationale: CA MTUS is silent on the use of forearm brace. ODG describes that splinting the wrist in neutral position is an option for conservative treatment of carpal tunnel syndrome. The medical record indicates a diagnosis of carpal tunnel syndrome and wrist splinting might be necessary but the request is for a forearm brace, which would not be expected to aid in conservative management of carpal tunnel syndrome. Left forearm brace is not medically necessary.