

Case Number:	CM15-0042391		
Date Assigned:	03/12/2015	Date of Injury:	03/02/2009
Decision Date:	04/22/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/06/2015

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 60 year old male, who sustained an industrial injury on March 2, 2009. He reported an injury to his right arm, wrist and hand while operating a pipe threading machine. The injured worker was diagnosed as having right wrist and hand sprain/strain, complex regional pain syndrome, and right shoulder sprain and strain with impingement status post arthroscopy on 6/19/2013, left shoulder sprain/ strain with decreased range of motion and impingement, and cervical sprain/ strain. The progress notes document a surgical procedure on 7/16/2012 consisting of neurectomy of the interosseous nerve, median nerve neurolysis, triquetral arthrodesis, and radial styloidectomy with significant difficulty performing activities of daily living afterwards. The rationale for the surgery was not provided. Other treatment to date has included medications and MRA of the right upper extremity on December 4, 2013 which revealed osteoarthritis. Currently, the injured worker complains of right upper extremity hypersensitivity to light touch, pain, and difficulty gripping and grasping, pushing and pulling. He complains of right shoulder pain with pushing, pulling and reaching and notes cervical spine on and off flare-ups and left shoulder pain with limited motion. The treatment plan includes medication, continued use of wrist splint for osteoarthritis and pain, and a home exercise program. A replacement wrist brace was provided on 9/24/2014 and was noted to be worn, needing replacement again on 1/30/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement wrist brace: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM plus web-based version.

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

Decision rationale: According to the progress notes the injured worker underwent surgery on 7/16/2012 consisting of neurectomy of the interosseous nerve, median nerve neurolysis, Triquetral arthrodesis and radial styloidectomy. The indications for the surgery were not provided. He also underwent right shoulder arthroscopy with subacromial decompression and Mumford procedure on 6/19/2013. He developed complex regional pain syndrome per progress notes. His initial diagnosis was right hand and wrist sprain with subsequent development of complex regional pain syndrome. A wrist brace was dispensed on September 24, 2014 as a replacement for the prior brace that was worn out. According to the request for authorization dated January 30, 2015 a wrist brace was requested once again as the old one is worn out. Table 11 4 on page 264 of California MTUS Chapter 11, forearm, wrist and hand complaints includes the methods of symptom control for forearm, wrist and hand complaints. For ligament/tendon strain the guidelines recommend limiting motion that causes pain. As such, bracing is appropriate and medically necessary. The documentation indicates that the old brace is worn out and as such, a replacement brace is medically necessary for the above diagnosis.