

<b>Case Number:</b>	CM15-0051239		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	06/15/2007
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 57 year old female with an industrial injury dated 06/15/2007. Her diagnosis included cervical and lumbar myofascial strain with radicular complaints, right shoulder and parascapular strain, right wrist and hand strain with De Quervain's tenosynovitis and right thumb basilar arthropathy. Prior treatment included physical therapy, steroid injection of right shoulder. She presents on 02/03/2015 with moderate low back pain that is causing insomnia. Physical exam revealed tenderness of the cervical spine with muscle spasms and limited range of motion. Exam of the right shoulder noted tenderness and positive impingement sign with restricted range of motion due to pain. There was decreased strength in the right hand and forearm. Lumbar spine was also tender with muscle spasms noted. The treating physician requested a 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Discussion Page(s): 6.

**Decision rationale:** The injured worker sustained a work related injury on 06/15/2007. The medical records provided indicate the diagnosis of cervical and lumbar myofascial strain with radicular complaints, right shoulder and parascapular strain, right wrist and hand strain with De Quervain's tenosynovitis and right thumb basilar arthropathy. Treatments have included physical therapy, steroid injection of right shoulder. The medical records provided for review do not indicate a medical necessity for Right wrist brace. The medical records Lacked detailed history and physical examination of the hands and wrists. The MTUS recommends through history, physical and documentation of past treatment outcome. The request is not medically necessary.