

<b>Case Number:</b>	CM15-0051580		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	07/12/1999
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	02/25/2015
<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: Arizona, Texas

Certification(s)/Specialty: Internal 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 (IW) is a 59-year-old male who sustained an industrial injury on 07/12/1999. Diagnoses include lumbar disc herniation at L3-4 and L4-5 with right lower extremity radiculopathy, status post right total knee arthroplasty, left knee strain and possible depression (compensatory). Treatment and diagnostics to date were not included in the documentation reviewed. According to the progress report dated 1/21/15, the Injured Worker reported persistent back and bilateral knee pain. He had no complaints of bilateral wrist problems and the wrists were not addressed in the documentation reviewed. A request was made for bilateral wrist braces without a given rationale.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown bilateral wrist braces:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand (Acute & Chronic), Immobilization (treatment).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

**Decision rationale:** According to the ACOEM regarding wrist splints, they are recommended when treating with a splint in CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night, and may be used during the day, depending upon activity. In this case the Injured Worker complains of back and knee pain. The diagnosis doesn't include carpal tunnel syndrome (CTS). The documentation does not support a medical necessity for wrist braces. Therefore the request is not medically necessary.