

Case Number:	CM15-0052077		
Date Assigned:	03/25/2015	Date of Injury:	08/31/1995
Decision Date:	05/01/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/19/2015

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, New York, California
 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 applicant is a represented 68-year-old who has filed a claim for chronic wrist and elbow pain reportedly associated with an industrial injury of August 31, 1995. In a Utilization Review report dated February 17, 2015, the claims administrator failed to approve a request for a wrist brace/wrist splint. The claims administrator referenced a January 20, 2015 progress note in its determination. The applicant's attorney subsequently appealed. Electrodiagnostic testing of August 21, 2014 was notable for mild-to-moderate residual bilateral carpal tunnel syndrome and mild bilateral ulnar neuropathy. The applicant was on Neurontin and Valium, the electrodiagnostician reported. On January 20, 2015, the applicant reported ongoing issues with right upper extremity paresthesias, exacerbated by gripping, grasping, and manipulating fine objects. The applicant was on Neurontin, Valium, Zoloft, Celebrex, and Ambien, it was reported. A wrist corticosteroid injection therapy and wrist bracing were proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment (DME) wrist brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Online Edition, Chapter: Forearm, Wrist, & Hand (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: Yes, the request for a wrist brace was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272, splinting is recommended as a first-line conservative treatment for carpal tunnel syndrome, de Quervain's tenosynovitis, strains, etc. Here, the applicant has apparently developed issues with carpal tunnel syndrome, electrodiagnostically confirmed. Wrist splinting, as suggested by ACOEM, was indicated to address the same. Therefore, the request was medically necessary.