

Case Number:	CM15-0057189		
Date Assigned:	04/02/2015	Date of Injury:	04/08/2005
Decision Date:	05/05/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/25/2015

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 [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with industrial injury of April 5, 2005. In a Utilization Review report dated February 23, 2015, the claims administrator approved a right wrist splint while denying a left wrist splint. A RFA form received on February 11, 2015 and associated progress note of the same were referenced in the determination. Non-MTUS ODG Guidelines were invoked. The applicant's attorney subsequently appealed. On February 17, 2015, the applicant reported ongoing complaints of elbow, wrist, and shoulder pain. The applicant was not working, it was acknowledged. The note was extremely difficult to follow. Lidoderm patches, Nucynta, Cymbalta, Zanaflex, trazodone, Ambien, and Klonopin were apparently renewed. Left and right wrist braces were endorsed via a RFA form dated February 17, 2015 without much in the way of narrative commentary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Review Left Wrist Splint (DOS 2/11/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: No, the request for a wrist brace/wrist splint was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 does acknowledge that splinting is "recommended" as a first line conservative treatment for carpal tunnel syndrome, de Quervain tenosynovitis, wrist strains, etc., in this case, however, it was not clearly stated for what purpose and/or what diagnosis of the wrist splint in the question was endorsed for. Both the February 11, 2015 progress note and February 17, 2015 RFA form were thinly and sparsely developed, at times handwritten, difficult to follow, and not entirely legible. There was no mention of the applicant's carrying a diagnosis of carpal tunnel syndrome for which wrist splinting would have been indicated. Therefore, the request was not medically necessary.