

Case Number:	CM15-0061294		
Date Assigned:	04/07/2015	Date of Injury:	12/09/2004
Decision Date:	05/08/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/31/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice

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 with an industrial injury dated 12/09/2004. The injured worker diagnoses include left wrist pain, status post left carpal tunnel release, left elbow pain and status post left cubital tunnel release. Treatment consisted of diagnostic studies, prescribed medications, physical therapy and periodic follow up visits. According to the treating physician report dated 03/05/2015, the injured worker reported numbness to fingertips. The injured worker also reported that he was applying pressure to the palm of hand causing increased pain and would like a brace for prevention. Objective findings revealed weak fist, well healing incision and tenderness to palpitation to hypothenar eminence. The treating physician prescribed a left wrist brace now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left wrist brace: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 13th Edition (web), 2015, Carpal Tunnel Syndrome, Brace/Splinting.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Forearm, Wrist, and Hand Complaints 265.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a wrist brace. MTUS guidelines state the following: 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. The clinical documents state that the patient has a diagnosis of carpal tunnel syndrome. According to the clinical documentation provided and current MTUS guidelines, a wrist brace is indicated as medically necessary for the patient at this time.