

Case Number:	CM14-0120389		
Date Assigned:	08/06/2014	Date of Injury:	04/17/2012
Decision Date:	10/14/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 36-year-old female with a 4/17/12 date of injury. At the time (7/16/14) of Decision for Retrospective Bilateral wrist brace. Date of Service : 7/14/14-10/14/14, there is documentation of subjective (left wrist and left shoulder pain, and nocturnal numbness and cramps in the left>right hand) and objective (Tinel's sign, Phalen's sign, and Digital compression on the left wrist) findings, current diagnoses (left wrist carpal tunnel syndrome, left scapula trigger point tendinitis, and upper extremity overuse syndrome left>right), and treatment to date (Medications and Acupuncture).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Bilateral wrist brace. Date of Service : 7/14/14-10/14/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Forearm, wrist and hand . splints

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273;.

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which a wrist brace is

indicated (such as: acute, subacute, or chronic CTS; moderate or severe acute or subacute wrist sprains; acute, subacute, or chronic ulnar nerve compression at the wrist; acute, subacute, or chronic radial nerve neuropathy; scaphoid tubercle fractures; acute flares or chronic hand osteoarthritis; Colles' fracture; or select cases (i.e., patients who decline injection) of acute, subacute, or chronic flexor tendon entrapment), as criteria necessary to support the medical necessity of wrist splinting. Within the medical information available for review, there is documentation of diagnoses of left scapula trigger point tendinitis, and upper extremity overuse syndrome left>right. In addition, there is documentation of a condition/diagnoses (with supportive subjective/objective findings) for which a left wrist brace is indicated (left carpal tunnel syndrome). However, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which a right wrist brace is indicated (acute, subacute, or chronic CTS; moderate or severe acute or subacute wrist sprains; acute, subacute, or chronic ulnar nerve compression at the wrist; acute, subacute, or chronic radial nerve neuropathy; scaphoid tubercle fractures; acute flares or chronic hand osteoarthritis; Colles' fracture; or select cases (i.e., patients who decline injection) of acute, subacute, or chronic flexor tendon entrapment). Therefore, based on guidelines and a review of the evidence, the request for for Retrospective Bilateral wrist brace. Date of Service : 7/14/14-10/14/14 is not medically necessary.