

<b>Case Number:</b>	CM14-0127603		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	12/09/2006
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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:

The injured worker is a 62-year-old male who reported an injury on 12/09/2006 due to a motor vehicle accident. On 01/16/2014 the injured worker presented with pain in the right wrist. Upon examination the right hand was cooler than the left, with 50% lack of range of motion in the fingers. The right hand, arm and fingers are sensitive to touch and there was excoriation of the skin at the ulnar side of the ventral wrist. The diagnoses were CRPS (complex regional pain syndrome). The provider recommended a new dynamic wrist brace; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**New Dynamic Wrist BRACE:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM), 2nd Edition, (2004) Forearm, Wrist, and Hand Complaints, page(s) 263-264

**Decision rationale:** The California MTUS/ACOEM Guidelines state splinting of the wrist or wrist brace are indicated for carpal tunnel syndrome, and is a first line conservative treatment for de Quervain's strains. Prolonged splinting leads to weakness and stiffness. The injured worker does not have a diagnosis congruent with the guideline recommendation for a wrist brace. As the guidelines state that prolonged splinting leads to weakness and stiffness, a New Dynamic Wrist Brace would not be indicated. As such, medical necessity has not been established.