

<b>Case Number:</b>	CM14-0132495		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	11/15/2003
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Physical Medicine & Rehabilitation 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:

This 52 year-old patient sustained an injury on 11/15/2003 while employed by [REDACTED]. Request(s) under consideration include Right wrist brace for the management of symptoms related to right wrist injury. Diagnoses include Radial styloid tenosynovitis; knee sprain/strain; chondromalacia patella; rotator cuff syndrome; dislocation of knee; medial epicondylitis; ulnar nerve lesion; and mononeuritis of upper limb. Hand-written illegible report of 8/1/14 from the provider noted multiple diagnoses above. The patient had increased pain, weakness with loss of motion; left wrist PT; patient states: at the thumb; continued severe constant pain rated at 9/10. Exam showed decreased range; tender left elbow at lateral epicondyle; positive Tinel's; bilateral wrists with tenderness 1st compartment; positive Finkelstein's; negative Tinel's; decreased range; shoulder. Decreased range and tender AC joint. The patient remained temporarily totally disabled. The request(s) for Right wrist brace for the management of symptoms related to right wrist injury was non-certified on 8/11/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right wrist brace for the management of symptoms related to right wrist injury:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm-Wrist-Hand, Splints, page: 177-178.

**Decision rationale:** This 52 year-old patient sustained an injury on 11/15/2003. Request(s) under consideration include Right wrist brace for the management of symptoms related to right wrist injury. Submitted reports have not adequately demonstrated specific neurological deficits or red-flag conditions without remarkable clinical findings for any wrist issues that would support the wrist brace. ACOEM Guidelines support splinting as first-line conservative treatment for CTS and DeQuervain's to limit motion of inflamed structures and ODG has indication for immobilization with bracing in the treatment of fractures; however, none have been demonstrated here to provide support for the wrist brace. Therefore the Right Wrist Brace for The Management of Symptoms Related to Right Wrist Injury is not medically necessary and appropriate.