

Case Number:	CM14-0137396		
Date Assigned:	09/03/2014	Date of Injury:	04/03/2013
Decision Date:	10/09/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/22/2014

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 Internal Medicine 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:

The injured worker is a 35 year old male whose date of injury is 04/03/2013. The mechanism of injury is described as repetitive work. Treatment to date includes neuroplasty of the ulnar nerve at the elbow and an internal neurolysis of the ulnar nerve at the cubital tunnel, medial epicondylectomy, neuroplasty of the ulnar nerve at the wrist, internal neurolysis of the ulnar nerve at Guyon's canal, neuroplasty of the median nerve at the wrist, flexor tenosynovectomy at the carpal tunnel and internal neurolysis of the medial nerve at the carpal tunnel with the application of a long arm cast/splint for the right wrist and elbow on 01/24/14 and the same procedure on the left on 03/07/14. Diagnoses are elbow sprain/strain, wrist strain and carpal tunnel syndrome. Note dated 06/08/14 is handwritten and difficult to interpret.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral wrist brace between 7/21/2014 and 9/4/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand Chapter, Immobilization (treatment)

Decision rationale: Based on the clinical information provided, the request for bilateral wrist brace between 07/21/14 and 09/04/14 is not recommended as medically necessary. The submitted records indicate that the injured worker underwent surgical intervention in January and March 2014; however, there is no comprehensive assessment of postoperative treatment completed to date or the injured worker's response thereto submitted for review. There is no physical examination submitted for review documenting the injured worker's functional status prior to 07/21/14. There is no clear rationale provided to support the requested braces. Therefore, medical necessity is not established.