

Case Number:	CM14-0155132		
Date Assigned:	09/25/2014	Date of Injury:	10/09/2012
Decision Date:	10/27/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/22/2014

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 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:

The claimant is a 23 year old female who injured both shoulders in a work related accident on 10/9/12. The clinical records provided for review documented that the claimant is being treated for multiple underlying diagnoses. The report of the 06/19/14 assessment described right shoulder pain and right arm pain. Physical examination on that date showed restricted range of motion of the shoulder at 95 degrees of flexion and abduction to 90 degrees. The cervical examination showed tenderness over the paracervical musculature and trapezius to palpation with a positive Spurling's test. There was no documentation of findings from a wrist examination. The claimant's underlying diagnosis is carpal tunnel syndrome, lateral epicondylitis of the right elbow and shoulder impingement syndrome. The report documented that the claimant had previously undergone a carpal tunnel release in March of 2013. This review is for bilateral wrist bracing x two.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral wrist braces times two, right arm, right shoulder quantity: 2: 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): 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Forearm, wrist, hand: splints

Decision rationale: Based on the California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for bilateral wrist splints is not recommended as medically necessary. There is no documentation in the records for review of acute carpal tunnel findings on examination or indication of recent surgery. ACOEM Guidelines only recommend the use of bracing for carpal tunnel syndrome in the acute phase of symptoms. Without documentation of clinical complaints specific to the claimant's wrist, no recent physical examination findings and the documentation indicating that that surgery took place in March of 2013, the acute need of bilateral wrist bracing x2 would not be supported as medically necessary.