

Case Number:	CM14-0161181		
Date Assigned:	10/06/2014	Date of Injury:	08/01/1993
Decision Date:	10/30/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/01/2014

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 Occupational 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:

There were 58 pages provided for this review. The application for independent medical review was signed on what appeared to be July 25, 2014. It was for bilateral wrist brace purchases. The date of injury was back in the year 1993. As of August 1, 2014, the upper extremity showed decreased sensation with pinwheel-confirmed testing along the lateral arm and forearm bilaterally. The claimant also has Tinel's along the ulnar groove bilaterally. He has diffuse muscle atrophy along the thenar and hypothenar muscles bilaterally. There is profound loss of sensation in the ulnar nerve distribution from the wrist proximal and distal. EMG of both upper extremities from September 10, 2013 showed bilateral carpal tunnel syndrome. This is a request for bilateral wrist braces. Medicines included Norco, Anaprox, Ultram, Zanaflex, Prilosec, Xanax, trazodone, and Lexapro. Surgical history is not provided. There is lack of documentation to indicate the medical necessity for immobilization of the wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral wrist braces-purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-254. Decision based on Non-MTUS Citation Official Disability Guidelines,(ODG), Treatment Index, 11th Edition (web), 2014, Forearm, wrist and hand, Immobilization

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

Decision rationale: The California MTUS -ACOEM guides, Chapter 11 for the Forearm, Wrist and Hand note, on page 263: Initial treatment of CTS (carpal tunnel syndrome) should include night splints. Day splints can be considered for patient comfort as needed to reduce pain, along with work modifications. When treating with a splint in CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night, and may be used during the day, depending upon activity. I did not find the claimant had a condition supported for splinting under MTUS. The request was appropriately non-certified.