

Case Number:	CM14-0180783		
Date Assigned:	11/05/2014	Date of Injury:	07/23/2007
Decision Date:	12/09/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/30/2014

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 surgeon and is licensed to practice in New York. 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 patient is a 59-year-old male who has complaints of back pain wrist pain and hand pain. The patient has a date of injury of September 2, 2009. He's had physical therapy. Physical exam shows slightly decreased sensation along both thighs and decreased grip strength bilaterally. The patient has had arthroscopy of the left shoulder and has well-healed scars. There is mild weakness of the left shoulder. X-rays of the wrist and hands are normal. Nerve conduction studies are positive for median neuropathy at the wrist on the right side but normal in the left side. At issue is whether a left wrist specialty wrap is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Q-Tech Recovery System with wrap purchase for left wrist:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG hand pain chapter, MTUS hand pain chapter

Decision rationale: This patient does not meet establish criteria for left wrist wrap. Specifically the patient has documented normal x-rays of the left wrist. Also neurophysiologic testing at the left wrist is reportedly normal. There is no physical exam findings consistent with carpal tunnel syndrome. There is no evidence in the medical record that this patient would benefit from a left wrist wrap. Medical records do not support the medical necessity for left wrist wrap at this time.