

Case Number:	CM14-0097987		
Date Assigned:	07/28/2014	Date of Injury:	03/13/2009
Decision Date:	10/15/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/26/2014

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 and Rehabilitation and Pain Management 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 57 year old female who was injured on March 13, 2009. The diagnoses listed as displacement of cervical intervertebral disc without myelopathy (722.0). The most recent progress note dated 4/23/14, reveals complaints of constant slight to intermittent moderate and occasionally severe neck, bilateral shoulder, bilateral elbow, bilateral wrist, and low back pain. Neck pain is felt throughout the entirety of the neck and radiated down the upper extremities to the hands, right greater than the left, with numbness and tingling, left greater than right, popping and clicking of her neck, left shoulder hurts more than the right, pain radiates to the shoulder blades, and increases with pushing pulling or reaching; occasional swelling of the elbows, wrist pain increases with repetitive or prolonged positioning, stiffness tightness and spasm of the low back, low back symptoms disrupt her sleep was reported and documented. Physical examination reveals cervical spine flexion is 40 degrees, extension is 45 degrees, lateral flexion is 40 degrees to the right, 40 degrees to the left, rotation is 60 degrees to the right, 60 degrees to the left; Spurling test is positive bilaterally; with radicular pain down the right upper extremity to the third, fourth, and fifth digits; and with radicular pain down the left lower extremity to the elbow. Currently treatment includes physical therapy and medications. A prior utilization review determination dated 6/16/14, resulted in denial of bilateral wrist brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wrist brace, bilateral: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

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

Decision rationale: CA MTUS/ACOEM guidelines do not address the issue. Per ODG, wrist brace is recommended for fractures or carpal tunnel syndrome, which is not the case in this IW. Furthermore, there is no evidence of arthritis. Thus, the request is not medically necessary according to guidelines and the available information.