

Case Number:	CM15-0013800		
Date Assigned:	02/02/2015	Date of Injury:	02/11/2000
Decision Date:	03/19/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/23/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old male, who sustained a work/ industrial injury on 2/11/00. He has reported symptoms of right wrist pain and bilateral hand pain. Prior medical history included hypertension, diabetes mellitus, and prior carpal tunnel syndrome with surgery on both hands. The diagnoses have included carpal tunnel syndrome. The IW had decreased wrist range of motion in all movements with tenderness and positive Finkelstein's. Treatment to date has included splints, medication, and pain psychology. Medications included Klonopin, Oxycodone, Soma, Nexium, Zoloft, and Colace. According to the primary treating physician's progress report dated 2/19/14, the IW continued to have wrist and hand pain equally and was using braces at night. Medication for pain was discussed along with giving Toradol intramuscular injections for pain management. A request was made for a pair of wrist hand orthosis. On 12/31/14, Utilization Review non-certified Pair of wrist hand orthoses, noting the California Medical treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pair of wrist hand orthoses: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Chapter 11 Forearm-Wrist-Hand Complaints, Wrist Brace, page 265.

Decision rationale: ACOEM Guidelines support splinting as first-line conservative treatment for CTS, DeQuervain's, Strains; however, there are no identified functional benefit in terms of symptom relief, change in medication use, increased ADLs or decreased medical utilization from prior treatment rendered for this chronic injury. Submitted reports have not adequately demonstrated the medical necessity for treatment with the wrist splint without any clearly documented clinical presentation or limitations to support for this DME. The Pair of wrist hand orthoses are not medically necessary and appropriate.