

Case Number:	CM15-0015137		
Date Assigned:	02/03/2015	Date of Injury:	03/29/2012
Decision Date:	03/26/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/27/2015

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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 45-year-old who has filed a claim for chronic shoulder, neck, and wrist pain reportedly associated with an industrial injury of March 29, 2012. In a Utilization Review Report dated December 20, 2014, the claims administrator denied a postoperative brace following planned carpal tunnel release surgery. On September 9, 2014, the applicant was placed off of work, on total temporary disability, owing to a primary complaint of low back pain. In a December 16, 2014 progress note, the applicant was placed off of work, on total temporary disability. The applicant was apparently asked to pursue a right carpal tunnel release surgery. Postoperative bracing was endorsed via an RFA form of the same date, December 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Brace purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Carpal Tunnel Syndrome (updated 11/11/14) Splinting

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270 OCCUPATIONAL MEDICINE PRACTICE GUIDELINES.

Decision rationale: 1. No, the request for a postoperative wrist brace was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, page 270, splinting the wrist beyond 48 hours following carpal tunnel release surgery may be largely detrimental, when essentially compared to a home exercise program. Here, the attending provider did not furnish any compelling applicant-specific rationale which would offset the unfavorable ACOEM position on the article at issue. It was not clearly stated why the attending provider believed the applicant would need to continue splinting the hand and wrist following presumably curative carpal tunnel release surgery. Therefore, the request was not medically necessary.