

<b>Case Number:</b>	CM15-0017903		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	08/30/2002
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 63 year old female, who sustained an industrial injury on 08/30/2002. She has reported subsequent left upper extremity pain and was diagnosed with left hand and shoulder sprain/strain. Treatment to date has included oral pain medication, chiropractic therapy, application of heat and ice and electrical stimulation. In a progress note dated 12/19/2014, the injured worker complained of left shoulder pain radiating to the left hand and right elbow pain down to the right hand that was rated as a 6/10 without pain medication and 4-5/10 with pain medication. No objective physical examination findings were documented during this visit. A request for authorization of bilateral wrist braces was made due to radial nerve pain. On 01/07/2015, Utilization Review non-certified a request for prefabricated hand wrist splints for bilateral hand/wrists with custom fitting, noting that there were not objective findings from the most recent physical examination in the requesting physician's latest progress report that might support the need for the wrist braces. ACOEM and ODG guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral prefabricated hand wrist splints with custom fitting:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 264. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Forearm and wrist complaints Page(s): 272.

**Decision rationale:** According to the guidelines splinting is indicated for DeQuervain's, carpal tunnel and sprains. It is optional for prolonged splinting due to weakness and stiffness. In this case, the injury was chronic. The length of use was not specified. The use of bilateral splinting can lead to decreased strength and mobility. The request above is not medically necessary.