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| Case Number: | CM15-0018013 | | |
| Date Assigned: | 02/05/2015 | Date of Injury: | 04/01/2002 |
| Decision Date: | 03/26/2015 | UR Denial Date: | 01/26/2015 |
| Priority: | Standard | Application Received: | 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 64 year old female with an industrial injury date of 01/29/2002 - 01/29/2003. She describes her injury as occurring over the course of one year while doing her job duties of vacuuming, mopping on hands and knees, polishing furniture and cleaning bathrooms. She presented on 01/16/2015 complaining of pain in left thumb, left shoulder and neck. Physical exam noted tenderness at left first CMC with positive grind test on the left. Prior treatments include surgery of right thumb, right wrist carpal tunnel release, left wrist carpal tunnel release and arthroscopic surgery to the right shoulder. Other treatments include chiropractor, referral to orthopedist, and psychologist. She was also diagnosed with hypertension and suffered a stroke in 2010. The provider requested custom made left thumb and CMC brace. Diagnosis was cervical disc disorder, brachial neuritis and shoulder joint derangement. On 01/26/2015 utilization review non-certified the request for custom made left thumb and CMC brace. ACOEM and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

One custom made left thumb and CMC brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation De Quervain's

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: Regarding the request for a soft brace for right wrist, California MTUS does support splinting as first-line conservative treatment for multiple wrist/hand conditions. Within the documentation available for review, there is no indication that the patient has failed non-custom splinting for the affected area. Additionally, there is no statement indicating why an off-the-shelf brace would be expected to be insufficient for this patient's current condition. As such, the currently requested soft brace for right wrist is not medically necessary.