

Case Number:	CM15-0119478		
Date Assigned:	06/29/2015	Date of Injury:	04/09/2015
Decision Date:	07/29/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/22/2015

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 26-year-old female, who sustained an industrial injury on 04/09/2015. She has reported injury to the neck, upper back, lower back, wrists, elbows, and shoulders. The diagnoses have included sub-acute traumatic moderate repetitive cervical spine sprain/strain, rule out herniated disc; sub-acute traumatic moderate repetitive thoracic spine sprain/strain, rule out herniated disc; sub-acute traumatic moderate repetitive lumbar spine sprain/strain, rule out herniated disc; sub-acute traumatic moderate repetitive bilateral shoulder sprain/strain, rule out ligamentous injury; sub-acute traumatic moderate repetitive bilateral elbow sprain/strain, rule out ligamentous injury; and sub-acute traumatic moderate repetitive bilateral wrist sprain/strain, rule out carpal tunnel syndrome. Treatment to date has included medications, diagnostics, bracing, and physiotherapy. Medications have included Naproxen, Flector Patch, Prevacid, and topical compounded cream. A progress report from the treating physician, dated 05/14/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of neck pain that she rates at a 7 in the 0-10 pain scale; upper back pain that she rates at 7; lower back pain that she rates at an 8-9; bilateral shoulder pain that she rates at a 7; bilateral elbow pain that she rates at a 5; right wrist pain that she rates at 7; left wrist pain that she rates at an 8; anxiety, depression, and stress; and intermittent sleep disturbances. Objective findings included moderate spasticity and tenderness over the paracervical musculature, right greater than left; decreased cervical spine ranges of motion; positive foraminal compression test and positive distraction test; slight-moderate spasticity and tenderness over the parathoracic musculature, left greater than right; moderate spasticity and tenderness over the paralumbar musculature, left

greater than right; decreased lumbar spine ranges of motion; slight spasticity and slight-moderate tenderness noted over the right shoulder; slight-moderate spasticity and moderate tenderness noted at the left shoulder; slight swelling and moderate tenderness over the right elbow, with positive Cozen's test and Tinel's sign; slight swelling and slight-moderate tenderness of the left elbow, with positive Cozen's test and positive Tinel's sign; slight swelling and slight-moderate tenderness of the bilateral wrists; and positive Phalen's test, Prayer's test, and Finkelstein's test of the bilateral wrists. The treatment plan has included the request for elbow braces x 2 -purchase; wrist braces x 2-purchase; and lumbar support-purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elbow braces x 2 - Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 41.

Decision rationale: According to the guidelines, wrist splinting/bracing is recommended for epicondylitis, radial tunnel syndrome and early immobilization for radial head fractures. In this case, the claimant did not have the above diagnoses. In addition, long-term use is not indicated. The purchase of an elbow brace is not medically necessary.

Wrist braces x 2 - Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271.

Decision rationale: According to the guidelines, braces/splint and immobilization is recommended for 1st line treatment for carpal tunnel, DeQuervains, strains. Prolonged splinting is optional and can lead to weakness. In this case, the purchase of a brace would imply long-term use but length was not specified. An EMG for carpal tunnel was ordered. As a result, the request for purchasing wrist braces is not medically necessary.

Lumbar support - Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: According to the ACOEM guidelines, lumbar supports have not been shown to provide lasting benefit beyond the acute phase of symptom relief. In this case, the claimant's injury was a sprain. Length of use was not specified. Long-term use is not indicated. The purchase of a back brace is not medically necessary.