

<b>Case Number:</b>	CM15-0124203		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	05/15/2013
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: North Carolina  
 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 year 52 old female who sustained an industrial injury on 5/15/13. Diagnoses are bilateral lateral epicondylitis-especially the right elbow, with sprain/strain, subchondral cyst of the right wrist and hand, right shoulder supraspinatus as well as infraspinatus tendonitis with subacromial bursitis, right wrist tenosynovitis and bursitis, status post cervical disc syndrome without myelopathy, right wrist tenosynovitis and bursitis, status post lumbar disc syndrome without myelopathy, and right wrist nonunion ulnar styloid fracture with avascular necrosis/effusion/and subchondral cyst. In a follow-up report dated 4/17/15, the treating physician notes she was working light duty up until January 2015. She is currently off work because she was laid off. She states she is getting worse, has more pain in her right wrist, shoulder, both elbows, especially the right elbow, which causes numbness and tingling in the fingers. There is decreased range of motion in the right wrist/hand, median nerve Tinel's test is positive, Ulnar nerve Tinel's test is positive, Radial nerve Tinel's test is positive, Phalen's test is positive, and Bracelet test is positive. There is moderate to severe pain in the right hand and fingers. Electromyography/nerve conduction velocity studies of both upper extremities dated 9/13/14 notes normal findings. An MRI of the right elbow, done 3/17/15 concludes lateral epicondylitis. An MRI of the right wrist dated 3/18/15 concludes; a nonunion styloid fracture, avascular necrosis along the ulnar articular surface of the lunate, radioulnar joint effusion, and subchondral cyst formation. The plan is for continued physical therapy and modality therapy, home therapy kit for bilateral hands/wrist as well as universal wrist braces, continue topical creams and transdermal medications, see the orthopedist regarding shoulder injections, and urine

toxicology screening for pharmacy compliance. Previous treatment includes Naproxen Tramadol, Relafen, Omeprazole, topical cream, and right shoulder arthroscopy and cortisone injection to right carpal tunnel-5/30/14. The requested treatment is purchase of a right wrist brace.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Purchase of a right wrist brace:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The ACOEM chapter on wrist complaints states: When treating with a splint in CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night, and may be used during the day, depending upon activity. The patient has carpal tunnel syndrome with active symptoms on the right wrist. Therefore, a wrist brace/splint would be medically warranted as described above and the request is certified.