

Case Number:	CM15-0125132		
Date Assigned:	07/09/2015	Date of Injury:	09/17/2014
Decision Date:	08/26/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	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: Texas, Illinois

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:

This is a 56 year old female with a September 17, 2014 date of injury. The injured worker has been diagnosed of left wrist or hand sprain or strain, rule out internal derangement; status post left wrist open reduction internal fixation; lumbar spine sprain or strain, rule our herniated nucleus pulposus; lumbago; lumbar radiculopathy. Treatments to date have included medications and wrist surgery. A progress note dated February 27, 2015 noted subjective complaints of left hand pain; pain rated at a level of 6 to 7 out of 10; weakness, cramping, swelling, numbness, tingling and pain radiating to the hand and fingers; lower back pain and muscle spasms, pain rated at a level of 6 to 7 out of 10; numbness and tingling of the bilateral lower extremities. Objective findings included +2 non-pitting edema of the left wrist and hand; well healed surgical incisions; unable to perform a fist or thumb opposition; tenderness to palpation noted over the carpal bones and distal radioulnar joint and the tunnel of Guyon; decreased range of motion of the left wrist; decreased sensation to pinprick and light touch over the C6 and C7 dermatomes on the left upper extremity; motor strength decreased secondary to pain in the left upper extremity; abnormal gait; pain with heel-toe walking; tenderness to palpation at the spinous processes from L2-L5; bilateral lumbar paraspinal muscle guarding; tightness noted at the quadratus laborum muscles; decreased range of motion of the lumbar spine; positive straight leg raise bilaterally; decreased sensation to pin prick and light touch at the L5 and S1 dermatomes in the right lower extremity; motor strength decreased at the bilateral lower extremities secondary to pain. The treating physician documented a plan of care that included a lumbar brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 301, 308.

Decision rationale: The injured worker sustained a work related injury on February 27, 2015. The medical records provided indicate the diagnosis of left wrist or hand sprain or strain, rule out internal derangement; status post left wrist open reduction internal fixation; lumbar spine sprain or strain, rule out herniated nucleus pulposus; lumbago; lumbar radiculopathy). Treatments to date have included medications and wrist surgery. The medical records provided for review do not indicate a medical necessity for Lumbar brace. The MTUS does not recommend Lumbar support.