

Case Number:	CM15-0171663		
Date Assigned:	09/11/2015	Date of Injury:	08/06/2012
Decision Date:	10/19/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/31/2015

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

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 66 year old female, who sustained an industrial injury on 8-6-12. The injured worker was diagnosed as having left carpal tunnel syndrome, right De Quervain's tenosynovitis, and status post left carpal tunnel release. Treatment to date has included physical therapy and bilateral wrist surgeries. Physical examination findings on 7-28-15 included mild edema in the left wrist, positive pain on palpation, pain in the thenar pad, and pain on deep palpation. Tinel's and Phalen's tests were positive. Currently, the injured worker complains of mild left wrist pain with locking at the left thumb. Tingling and coldness in the left upper extremity was also noted. On 7-28-15 the treating physician requested authorization for an Oder forearm brace left volar wrist. On 8-12-15 the request was non-certified; the utilization review physician noted "there were no significant deficits noted on the left wrist to support the use of this durable medical equipment."

IMR ISSUES, DECISIONS AND RATIONALES

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

Oder forearm brace left volar wrist: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition, 2015 Chapter: Forearm, Wrist & Hand (Acute & Chronic); Chapter: Carpal tunnel Syndrome (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods.

Decision rationale: Based on the 7/28/15 progress report provided by the treating physician, this patient presents with frequent mild tenderness of left wrist, and mild right wrist pain with locking at left thumb, with tingling/coldness in left upper extremity. The treater has asked for ODER [ORDER] FOREARM BRACE LEFT VOLAR WRIST on 7/28/15 "only at night, second request." The patient's diagnoses per request for authorization dated 7/28/15 are s/p right carpal tunnel decompression; left carpal tunnel syndrome clinically positive, EMG positive; right de Quervain's tenosynovitis. The patient is s/p right carpal tunnel decompression from 1/16/14, but has not yet had surgery for the left wrist/forearm per review of reports. The patient refuses to do EMG of bilateral upper extremities due to pain of the test, so the treater requested left volar wrist brace only at night per 3/3/15 report. A prior EMG from 12/19/12 was positive for left carpal tunnel syndrome per 3/3/15 report, but the results of the EMG were not included in reports. The patient's work status is not included in the provided documentation. MTUS/ACOEM Chapter 11 Physical methods, page 265 regarding Wrist splints states, "When treating with splints and CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting would be used at night and may be used during the day depending upon activity." In this case, the provider is requesting a left wrist brace for this patient's continuing left wrist pain and diagnosis of left carpal tunnel syndrome. There is no evidence that this patient has been issued any DME bracing for his left wrist to date. The utilization review letter dated 8/12/15 denies request stating that prolonged bracing can lead to stiffness/weakness, and that splinting after surgery has negative evidence. However, MTUS/ACOEM guidelines recommend conservative measures such as bracing/splinting for complaints of this nature. It appears the patient is unwilling to undergo another EMG of the left upper extremity, and the treater is requesting the wrist brace as a conservative measure. Given the lack of bracing to date, and this patient's continuing left wrist complaints, a brace could provide some functional benefits and improve this patient's course of care. Therefore, the request IS medically necessary.