MAXIMUS Federal Services

Case Number:	CM15-0177602		
Date Assigned:	09/18/2015	Date of Injury:	12/31/2001
Decision Date:	10/21/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/09/2015

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 67 year old female who sustained an injury on 12-31-01. The medical records indicate she has bilateral wrist pain from carpel tunnel syndrome and bilateral knee and lower back, right hip pain due to a slip and fall. She complains of severe pain in the right wrist. On examination (5-11-15) she has limited range of motion with pain and crepitus; healed bilateral incision and healed right intercarpal fusion incision. The most current medical record from 6-8-15 indicates she is status post left carpal tunnel release; status post right carpal tunnel release; DeQuervain's release and intercarpal fusion; painful hardware right wrist. She has painful and limited range of motion left wrist; tender dorsal carpus; atrophy first interosseous muscle right wrist; healed incisions. The plan included consult for possible hardware removal and the records indicate she has had braces for more than a decade and were replaced every year. They fit better and interfere less with function because they will be lower profile. Current requested treatments custom thermoplastic brace (right wrist). Utilization review 8-20-15 requested treatment non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom thermoplastic brace (right wrist): Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, 2014, Forearm/wrist/hand, Immobilization.

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

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 does have a diagnosis of carpal tunnel syndrome. There is no documented need for a custom brace versus a generic neutral wrist splint. Therefore, the request is not medically necessary.