

Case Number:	CM15-0179379		
Date Assigned:	09/21/2015	Date of Injury:	10/08/2013
Decision Date:	10/29/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/11/2015

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, New York, California
 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:

The applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic shoulder, wrist, hip, and neck pain reportedly associated with an industrial injury of October 8, 2013. In a utilization review report dated September 2, 2015, the claims administrator failed to approve a request for a carpal tunnel brace. The claims administrator referenced an office visit dated July 20, 2015 in its determination. Non-MTUS ODG Guidelines were cited at the bottom of the note but were not seemingly incorporated into the report rationale. The applicant's attorney subsequently appealed. On said July 20, 2015 office visit, the applicant reported neck pain radiating to the right upper extremity, wrist pain, and low back pain. The applicant was described as having electrodiagnostic testing of May 26, 2015 suggestive of right-sided carpal tunnel syndrome. The applicant's medication list included Ultracet and Naprosyn, it was reported. The applicant was placed off of work, on total temporary disability. There was no seeming mention of the wrist brace at issue on this date. On a June 8, 2015 RFA form, a carpal tunnel brace was sought. In an associated progress note of June 8, 2015, the applicant was described as having neck pain radiating to the right arm and low back pain radiating to the right leg. Hyposensorium was noted about the right C5 through C7 distributions with positive Tinel and Phalen signs appreciated about the right wrist. The applicant was described as having had electrodiagnostic evidence of right-sided carpal tunnel syndrome, per electrodiagnostic testing of May 20, 2015. The attending provider contended that the applicant did have issues with right hand pain and numbness. A wrist brace was introduced for the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Purchase of a right carpal tunnel brace, as outpatient: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal tunnel syndrome, splinting.

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

Decision rationale: Yes, the proposed carpal tunnel brace was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272, splinting is "recommended" as a first-line conservative treatment for carpal tunnel syndrome, i.e., the diagnosis reportedly present here. The applicant presented on June 8, 2015 reporting complaints of right hand numbness and exhibited dysesthesias with a positive Phalen and Tinel sign about the right wrist, it was reported on June 8, 2015. The applicant did have electrodiagnostically-confirmed carpal tunnel syndrome, it was further noted. Introducing a splint or brace was indicated on or around the date in question. Therefore, the request was medically necessary.