

<b>Case Number:</b>	CM15-0022373		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	04/16/2002
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: Internal 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 injured worker is a 71-year-old female, with a reported date of injury of 04/16/2002. The diagnoses include tenosynovitis of the wrist, and osteoarthritis of the hand. Treatments have included oral medications and cortisone injections. The orthopedic supplemental report dated 12/22/2014 indicates that the injured worker continued to have complaints of pain in her hands and forearms. The physical examination showed positive compression test in both thumbs and degenerative arthritis of the carpometacarpal joint. The treating physician requested DJO bilateral wrist braces with thumb support because the medications and cortisone injections did not have significant long-term relief of the injured worker's complaints of pain in the bilateral hands and forearms. On 01/06/2015, Utilization Review (UR) denied the request for two DJO bilateral wrist braces with thumb support, noting no documentation of how this type of wrist brace would differ and was expected to yield a different or better outcome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DJO Bilateral wrist braces with thumb support (#2):** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses wrist splinting. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 11 Forearm, Wrist, and Hand Complaints Table 11-7 Summary of Recommendations for Evaluating and Managing Forearm, Wrist, and Hand Complaints (Page 272) indicates that splinting as first-line conservative treatment for CTS carpal tunnel syndrome, DeQuervain's, strains, et cetera. The orthopaedic primary treating physician's report dated December 22, 2014 documented that the patient had complaints of pain in her hands and forearms as a result of her repetitive motion injury and cumulative trauma. Examination of the hands demonstrated positive compression test in both thumbs. The findings on examination indicated degenerative arthritis of the carpometacarpal joint aggravated by the repetitive motion. She was given medications and has received cortisone injections without significant long-term relief of her complaints of pain and the bilateral hands and forearms. DJO bilateral wrist braces with thumb support were requested. Bilateral wrist braces with thumb spica supports for this patient were requested. The request for bilateral wrist braces is supported by MTUS and ACOEM guidelines. Therefore, the request for DJO bilateral wrist braces is medically necessary.