

Case Number:	CM15-0046458		
Date Assigned:	03/18/2015	Date of Injury:	09/30/2010
Decision Date:	04/23/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/11/2015

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, California
 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:

This is a 41 year old female patient, who sustained an industrial injury on 09/30/2010. The current diagnoses include cervical pain and sprain/strain, lumbar disc displacement, lumbar muscle spasm, lumbar myospasms, lumbar sprain/strain, lumbosacral degenerative disc disease, right shoulder myoligamentous injury, left shoulder myoligamentous injury, rotator cuff syndrome, right carpal tunnel syndrome, and left carpal tunnel syndrome. Per the progress note dated 01/28/2015, she had complaints of pain over the cervical spine, lumbar spine, right shoulder, left shoulder, right wrist, and left wrist. The physical examination revealed pain at the right wrist with grip strength testing. The medications list includes tramadol, cyclobenzaprine and topical creams. She has undergone left knee surgery and right shoulder arthroscopy. She has had trigger point injections, physical therapy, acupuncture, chiropractic care and TENS for this injury. The treating physician reported recommending the injured worker to follow up with physician regarding gastrointestinal complaints, aquatherapy, chiropractic treatment, acupuncture, electromyography/nerve conduction studies of bilateral upper extremities, bilateral wrist braces, LINT therapy, 30-day trial of transcutaneous electrical nerve stimulation unit, and prescriptions for Tramadol and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Wrist Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Carpal Tunnel Syndrome (updated 11/11/14).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Page 266.

Decision rationale: Request: Bilateral Wrist Brace. Per he ACOEM guidelines cited below "Any splinting or limitations placed on hand, wrist, and forearm activity should not interfere with total body activity in a major way. Strict elevation can be done for a short period of time at regular intervals." Significant functional deficit that would require wrist brace is not specified in the records provided. Response to conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided. Previous conservative therapy notes are not specified in the records provided. The medical necessity of Bilateral Wrist Brace is not fully established for this patient. The Bilateral Wrist Brace is not medically necessary.