

Case Number:	CM15-0068615		
Date Assigned:	04/16/2015	Date of Injury:	07/02/2013
Decision Date:	05/15/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/10/2015

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 38 year old female, who sustained an industrial injury on July 2, 2013. The injured worker was diagnosed as having left shoulder impingement and carpal tunnel syndrome. Treatment and diagnostic studies to date have included magnetic resonance imaging (MRI) and medication. A progress note dated February 23, 2015 provides the injured worker complains of left shoulder and wrist pain with numbness and tingling in the hands. Physical exam notes bilateral positive Tinel's and Phalen's over the carpal tunnel. The left shoulder is positive for Neer's, Hawkin's and Jobe's test. The plan is for carpal tunnel release. There is a request for bilateral wrist braces.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Orthopedic Wrist Brace for bilateral wrists: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 264. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hand Chapter, Splints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: The ACOEM chapter on wrist complaints and braces 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 has the diagnosis of bilateral carpal tunnel syndrome. Therefore, wrists braces/splints are medically necessary and the request is certified.