

Case Number:	CM15-0073100		
Date Assigned:	04/23/2015	Date of Injury:	02/16/2005
Decision Date:	06/04/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/17/2015

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 (IW) is a 60-year-old male who sustained an industrial injury on 02/16/2005. He reported bilateral wrist and hand numbness and tingling, bilateral shoulder pain right greater than left, triggering of the left thumb, bilateral knee pain right greater than left and right hip pain. The injured worker was diagnosed as having tenosynovitis hand/wrist; lateral epicondylitis/tennis elbow; sprain shoulder/arm; carpal tunnel syndrome; other post- surgical status; trigger finger. Treatment to date has included bilateral carpal tunnel release surgeries, right on 06/25/2007, and left on 10/01/2007, and A-1 pulley release of the left thumb 12/01/2008. On 03/12/2015, the IW complains of bilateral wrist and hand numbness and tingling, bilateral shoulder pain, greater on the right, triggering of the left thumb with a-1 pulley release of the left thumb currently in remission, bilateral knee pain, right greater than left and right hip pain. Medications include Ultracet, Naproxen and Omeprazole. A request for authorization is made for wrist brace x2 and elbow brace x2. On 03/19/2015, the Utilization Review agency denied authorization of the purchase of 2 wrist brace and 2 elbow brace citing the Official Disability Guidelines, Treatment for Workers' Compensation (ODG-TWC).

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of 2 wrist brace and 2 elbow brace: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers' Compensation (ODG-TWC), 2015 web; http://www.dir.ca.gov/ch4_5sb1a5_5_2.html.

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 splinting/bracing 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. This patient does have the diagnosis of bilateral carpal tunnel syndrome and therefore the wrist braces would be medically warranted, the request is certified.