

Case Number:	CM15-0075910		
Date Assigned:	04/27/2015	Date of Injury:	11/03/2013
Decision Date:	05/28/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/21/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 45 year old female, who sustained an industrial injury on 11/03/2013. She has reported subsequent neck, back, bilateral shoulder, right knee and elbow pain and was diagnosed with lumbar radiculopathy, lumbar disc herniations, cervical radiculopathy, shoulder, right knee and elbow injury. Treatment to date has included oral pain medication, physical therapy, chiropractic therapy and acupuncture. In a progress note dated 11/04/2014, the injured worker complained of bilateral elbow, low back, right knee and right ankle/foot pain and weakness in the upper extremities right greater than left. Objective findings were notable for diffuse tenderness of the cervical midline paravertebral muscles and trapezius, numbness and tingling into the right first and third fingers and decreased range of motion of the cervical spine. In a supplemental QME report dated 02/18/2015, the physician noted that an electromyogram/nerve conduction study of the bilateral upper extremities was performed and showed left cubital tunnel syndrome with ulnar nerve entrapment on the left. A request for authorization of right wrist brace for night time was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brace for the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Regarding the request for a brace for right wrist, California MTUS does support splinting as first-line conservative treatment for multiple wrist/hand conditions. Within the documentation available for review, there is no current evidence of a right wrist condition for which a brace would be indicated. In the absence of such documentation, the currently requested brace for right wrist is not medically necessary.