

<b>Case Number:</b>	CM15-0077983		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	04/17/2008
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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 56-year-old female patient who sustained an industrial injury on April 17, 2008. The diagnoses include chronic lumbar strain and complaints of upper and lower extremities. Per the doctor's note dated 4/2/2015, she had complains of pain in the neck, back, shoulder, feet, arms, and legs; depression. The physical examination revealed depressed, tenderness, tightness and spasm, restricted range of motion of the cervical and lumbar spine and shoulder exam- restricted with positive provocative testing. The current medications list is not specified in the records provided. Treatment has included pain management and medications. The treatment request included bilateral wrist/thumb spica brace and a follow up evaluation for chronic headaches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Bilateral wrist/thumb spica brace: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** Request: 1 Bilateral wrist/thumb spica brace. Per the 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 1 Bilateral wrist/thumb spica brace is not fully established for this patient.

**1 Follow up re-evaluation for ongoing and chronic headaches:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 04/30/15) Office visits.

**Decision rationale:** Request: 1 Follow up re-evaluation for ongoing and chronic headaches. MTUS guidelines, American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127, Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." A detailed history of headache since the date of injury is not specified in the records provided. The previous consultation notes for headache are not specified in the records provided. Outcome of the previous consultation/evaluation is not specified in the records provided. The medical necessity of 1 Follow up re-evaluation for ongoing and chronic headaches is not fully established for this patient at this juncture.