

<b>Case Number:</b>	CM13-0024872		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	02/05/2008
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 physician 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/services. He/She is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 47-year-old female who reported an injury on 02/05/2008. The mechanism of injury is not stated. The patient is reported on 05/09/2013 to have been evaluated by [REDACTED], who reported the patient complained of worsening of her back pain, which was decreasing her ability to ambulate. She was noted to have undergone a previous facet radiofrequency ablation of the lumbar facet nerves in 2012, which was reported to have significantly improved her ability to stand and walk with around 50% pain relief. The patient is reported to have been previously authorized for bilateral wrist splints. On 07/29/2013, the patient is reported to ambulate in the office with a cane, be alert and oriented, and cooperative with history and physical exam. A request was submitted for getting splints for her bilateral hands.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 bilateral splints between 7/29/2013 and 10/12/2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

**Decision rationale:** The patient is a 47-year-old female who reported an injury on 02/05/2008. She is reported to complain of low back pain and was noted to have undergone a previous radiofrequency ablation of the lumbar spine in 2012, which was reported to have given her significant improvement in her ability to walk and stand, but reported return of her pain and decrease of her functional ability. The request was submitted for bilateral wrist splints. The California MTUS Guidelines recommend the use of wrist splints for treatment of carpal tunnel syndrome; however, there is no documentation the patient has complaints of pain in the bilateral wrists or has physical exam findings of carpal tunnel syndrome. As such, the need for bilateral wrist splints is not established. Based on the above, the request for bilateral splints between 07/29/2013 and 10/12/2013 is non-certified.