

Case Number:	CM13-0029916		
Date Assigned:	03/17/2014	Date of Injury:	07/01/2011
Decision Date:	05/07/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/25/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/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 57-year-old who sustained an injury to the left upper extremity on July 1, 2011. The clinical records provided for review documented that the claimant failed conservative care and had a history of a prior carpal tunnel release procedure. An August 6, 2013 operative report reveals that the claimant underwent left carpal tunnel revision and left Guyon tunnel release. Postoperatively, there was a request for a sling for the left wrist as well as a brace for the left wrist for use in the postoperative setting.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE WRIST BRACE FOR THE LEFT WRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES: CARPAL TUNNEL PROCEDURE - SPLINTING

Decision rationale: The CA MTUS and ACOEM Guidelines do not address postoperative bracing. The Official Disability Guidelines recommend splinting in the preoperative

conservative treatment aspect of carpal tunnel release surgery, but do not recommend bracing or splinting over the long term in the postoperative course. Official Disability Guidelines recommends progressive motion and advancement back to function. Therefore, the specific request for postoperative splinting postoperatively would not be indicated.

ARM SLING FOR THE LEFT WRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES: KNEE PROCEDURE - DURABLE MEDICAL EQUIPMENT (DME)

Decision rationale: The CA MTUS and ACOEM Guidelines do not address the use of a sling postoperatively. When looking at Official Disability Guideline criteria, the DME of a sling would not be indicated. The clinical records for review do not indicate why immobilization of the entire upper extremity would be necessary following the surgical procedure. Rather, postoperative care should be focused on advancement of functional activity and regaining functional restoration. The specific request for a sling given the nature of the surgical process would not be supported.