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| <b>Case Number:</b>   | CM13-0032182 |                              |            |
| <b>Date Assigned:</b> | 12/04/2013   | <b>Date of Injury:</b>       | 11/29/2010 |
| <b>Decision Date:</b> | 02/12/2014   | <b>UR Denial Date:</b>       | 09/27/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/07/2013 |

### 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 Occupational Medicine 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 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 applicant is a represented [REDACTED] employee who has filed a claim for bilateral carpal tunnel syndrome reportedly associated with an industrial injury of November 29, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; electrodiagnostic testing of November 2, 2012, notable for bilateral carpal tunnel syndrome; and extensive periods of time off of work, on total temporary disability. In a utilization review report of September 27, 2013, the claims administrator denied a request for wrist braces. The applicant's attorney subsequently appealed. In a letter dated October 3, 2013, the attending provider writes that the applicant has developed persistent wrist, shoulder, and neck symptoms as a result of cumulative trauma from repetitive work as a car washer. Wrist bracing is endorsed. An earlier note of October 9, 2013 is notable for comments that the applicant has heightened numbness about the hands. She remains off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of bilateral wrist splints:** Overturned

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

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

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in chapter 11, wrist splinting should be used at night for carpal tunnel syndrome and may be used during the day as well, depending on activity. Thus, splinting is an established treatment for the diagnosis of carpal tunnel syndrome. In this case, the applicant does seemingly have clinically evident, electrodiagnostically confirmed carpal tunnel syndrome for which usage of wrist splints are indicated. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review. &ç