

<b>Case Number:</b>	CM13-0040967		
<b>Date Assigned:</b>	03/24/2014	<b>Date of Injury:</b>	09/16/2012
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 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 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:

According to the records made available for review, this is a 46-year-old female with a 9/16/12 date of injury. At the time (10/2/13) of request for authorization for cocked wrist splints and sling, there is documentation of subjective (right wrist pain with numbness in the hand and fingers) and objective (palpable tenderness over the right wrist joint and dorsum of the hand, positive Tinel's and Phalen's signs, and positive sensory deficit over the right wrist) findings, current diagnosis (right carpal tunnel syndrome), and treatment to date (physical modalities and medications). Medical reports identify a pending/authorized right carpal tunnel release. Regarding cocked wrist splints, there is no documentation that the request cocked wrist splint is intended for 48 hours following CTS release. Regarding sling, there is no documentation of non-displaced radial head fractures or biceps tendinosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COCKED WRIST SPLINTS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 270-271.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 70.

**Decision rationale:** MTUS reference to ACOEM guidelines identifies that studies show no beneficial effect from postoperative splinting after carpal tunnel release when compared to a bulky dressing alone; and that splinting the wrist beyond 48 hours following CTS release may be largely detrimental, especially compared to a home therapy program. Within the medical information available for review, there is documentation of a diagnosis of right carpal tunnel syndrome. In addition, there is documentation of pending/authorized right carpal tunnel release. However, there is no documentation that the request cocked wrist splint is intended for 48 hours following CTS release. Therefore, based on guidelines and a review of the evidence, the request for cocked wrist splints is not medically necessary.

**SLING:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-45.

**Decision rationale:** MTUS reference to ACOEM guidelines identifies that sling/splint for 7 days followed by gentle range of motion exercises, then progressive mobilization is indicated in the management of non-displaced radial head fractures. In addition, MTUS identifies that a sling is recommended in the management of severe cases of biceps tendinosis with gentle range-of-motion exercises of the elbow, but evidence is insufficient or irreconcilable for the shoulder and wrist. Within the medical information available for review, there is documentation of a diagnosis of right carpal tunnel syndrome. In addition, there is documentation of pending/authorized right carpal tunnel release. However, there is no documentation of non-displaced radial head fractures or biceps tendinosis. Therefore, based on guidelines and a review of the evidence, the request for sling is not medically necessary.