

Case Number:	CM13-0052094		
Date Assigned:	12/27/2013	Date of Injury:	07/07/2012
Decision Date:	03/14/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/15/2013

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 Family Practice 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 patient is a 35-year-old female who reported an injury on 07/07/2012. According to the medical re-evaluation performed on 08/27/2013, the patient was initially seen on 06/04/2013 whereupon she was recommended for physical therapy. Under the review of records, the patient was noted to have had increased range of motion and strength as well as decreased hypersensitivity. Under the current complaints it was noted that the patient had ongoing right-handed wrist pain rated as a 6/10 with ongoing numbness and tingling in the hand and fingers. The patient reported that she had tried returning to typing; however, she stated that she could only tolerate up to 10 minutes of typing before her hand started cramping. She further stated that therapy has improved her symptoms but she still remains symptomatic overall. The patient also underwent a Functional Capacity Examination on 08/27/2013 which noted the patient was able to perform the majority of the tasks with only some mild or moderate restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

A right wrist cock up splint: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to California MTUS/ACOEM, it states that carpal tunnel syndrome may be treated by utilizing a splint and medications before injection is considered, except in the case of severe carpal tunnel syndrome (thenar muscle atrophy and constant paresthesias in the median innervated digits). It further states that when treating with a splint in carpal tunnel syndrome, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night, and may be used during the day, depending upon activity. However, it further states that any splinting or limitations placed on hand, wrist, and forearm activities should not interfere with total body activity in a major way. In the case of this patient, her range of motion is relatively within normal limits and the patient has lost approximately 20% of her grip strength on the right side. Furthermore, with the patient's exquisite hypersensitivity over the incision site of her previous post right carpal tunnel release, a right wrist brace would be considered medically appropriate in conservatively treating the patient's discomfort. Therefore, in accordance with the California MTUS/ACOEM Guidelines a right wrist cock up splint would be considered medically appropriate and is certified.