

<b>Case Number:</b>	CM13-0055339		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/28/2009
<b>Decision Date:</b>	03/14/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with date of injury of January 28, 2009. A utilization review determination dated November 4, 2013 recommends noncertification of the left-hand brace-CTS. A progress report dated October 3, 2013 identify subjective complaints of neck pain that radiates principally into the left greater than right arm. The pain radiates into the hand and involves the thumb, index, long, and ring fingers. There is numbness in the distribution as well. The note indicates that the requesting physician has asked for cervical MRI and EMG nerve conduction studies. Physical examination identifies diminished light touch sensation in the thumb, index, long, and somewhat in the ring finger in the left hand. Tinel's is positive on the left side and negative on the right. Motor testing revealed a decrease in grip strength on the left side and somewhat decreased with biceps mildly on the left side. Assessment includes a cervical radiculopathy, cervical degenerative disc disease with tramadol stenosis, bilateral upper extremity paresthesias post surgery, and myofascial pain. The treatment recommendations ask for an MRI of the cervical spine and EMG to elucidate whether the patient is having radicular symptoms or carpal tunnel symptoms. A brace is also requested for the upper extremity for carpal tunnel syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A left hand brace for carpal tunnel syndrome:** Overturned

**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:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264. Decision based on Non-MTUS Citation ODG, Carpal Tunnel Syndrome, Splinting

**Decision rationale:** Occupational Medicine Practice Guidelines state that the initial treatment for CTS should include night splints. ODG recommends splinting of the wrist in the neutral position at night as an option in conservative treatment. Within the documentation available for review, the requesting physician has identified decreased sensation in the median nerve distribution as well as a positive Tinel's sign. These 2 findings together would support a diagnosis of carpal tunnel syndrome (as opposed to cervical radiculopathy which would not have a positive Tinel's sign). As such, the currently requested left-hand brace for carpal tunnel syndrome is medically necessary.