

Case Number:	CM13-0057877		
Date Assigned:	01/10/2014	Date of Injury:	04/26/2013
Decision Date:	05/05/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/26/2013

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, has a subspecialty in Hand Surgery, and is licensed to practice in Texas. 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 injured worker is a 67-year-old who reported an injury on April 26, 2013 and the mechanism of injury was from the left hand being bent backwards. The injured worker has a diagnosis of Carpal Tunnel Syndrome. The injured work had been experiencing occasional pain located at the right thumb with activity. The clinical note on October 18, 2013 indicated on examination that there was mild muscle atrophy and dorsal radial ulnar prominence of the carpometacarpal joint on the left and tenderness to palpation. The Durkan's compression test is positive with tingling in the left thumb and index finger. The abduction/extension test is positive bilaterally, Finkelstein's test and Eichoff's maneuver are positive on the left thumb with pain over the carpometacarpal joint, the provocative test for DeQuervain's syndrome ios positive on the left, and the Brunellis test is positive on the left over the dorsum of the metacarpophalangeal joint of the left thumb. There was triggering on the left thumb during active range of motion. The injured worker reported that the thumb splint she was provided gets in the way of typing and she does not have a short firm thumb splint of a flexible neoprene thumb wrist strap. The patient received cortisone injections to the wrist on the October 18, 2013 office visit. The current request for a retro suede lace-up wrist support was requested on October 18, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

A RETRO SUEDE LACEUP WRIST SUPPORT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

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

Decision rationale: The Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines indicate treatment for carpal tunnel syndrome including DeQuervain's tendinitis, if not severe, may be treated with a wrist-and-thumb splint and acetaminophen, then NSAIDs (non-steroidal anti-inflammatory drugs), if tolerated, for four weeks before a corticosteroid injection is considered. Carpal Tunnel Syndrome may be treated for a similar period with 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). 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. The provided medical treatment records do not outline whether the lace-up wrist support is a neutral wrist splint of the thumb. The records also are unclear if the injured worker has had prior conservative treatment to include medications and/or therapy and the efficacy of those treatments. The request as submitted failed to indicate how often the brace needed to be used. Therefore, the request for a retro suede lace-up wrist support on is not medically necessary or appropriate.