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| Case Number: | CM13-0063425 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 02/04/2003 |
| Decision Date: | 04/11/2014 | UR Denial Date: | 11/18/2013 |
| Priority: | Standard | Application Received: | 12/10/2013 |

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 Orthopedic 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 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 48-year-old female who reported an injury on 02/04/2013. The mechanism of injury was noted to be cumulative trauma. The documentation of 11/07/2013 revealed the patient was having a flare-up of the current condition. The patient indicated that the bilateral hands and fingers were flared up; especially the left neck and plexus were still tender and still healing from surgery. The last surgical intervention was in 06/2013. It was indicated that the patient was holding off because of a pending thoracic outlet syndrome surgery but would like to move ahead with treatment as the symptoms in the hands were progressively increasing. The physical examination revealed the patient was negative bilaterally for any dysesthesias and unchanged neurologically bilateral ulnar hand regarding Phalen's testing. The patient was tender at the bilateral base of the 1st and 3rd digits and less so in the 2nd digits, but there was no active locking on examination. The patient had a palpable nodule at the base of the right 1st and left 3rd digits and there was a catch at the left 3rd digit. The fisting was good, no wrist drop was noted but there was tenderness noted at the base of these digits. The patient had tenderness noted to the right radial forearm. The patient had positive Tinel's at the median bilateral nerve radiation to 3, and at the ulnar nerve bilaterally radiating to the ulnar hand on the left and ulnar wrist on the right. The recommendation was for custom splints. The patient's diagnosis was noted to include thoracic outlet syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Purchase: Bilateral custom hand/wrist splints: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264.

Decision rationale: ACOEM Guidelines indicate that initial treatment for patients with carpal tunnel syndrome should include night splints, and day splints can be considered for the patient's comfort as needed to reduce pain along with work modifications. Additionally, Guidelines indicate that for tendonitis/tenosynovitis there should be limited motion in the inflamed structures. Clinical documentation submitted for review indicated the request was for custom hand/wrist splints. There was lack of documentation indicating there was a failure of non-custom hand/wrist splints. Given the above, and the lack of documentation, the request for durable medical equipment purchase bilateral custom hand/wrist splints is not medically necessary and appropriate.