

Case Number:	CM13-0070501		
Date Assigned:	01/03/2014	Date of Injury:	02/24/2003
Decision Date:	06/06/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/20/2013

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 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:

The patient is a 63 year old female who was injured on 02/24/2003. Mechanism of injury is unknown. Prior treatment history has included medication and physical therapy. The patient was authorized for left carpal tunnel release surgery and was scheduled for 11/15/2013. PR-2 dated 10/31/2013 documented the patient with complaints of continues left wrist pain with numbness and weakness. Objective findings on exam reveal a positive Phalen's and reverse Phalen's sings noted on the left wrist with decreased grip strength. Diagnoses include Pain in limb, Radial Styloid Tenosynovitis, Wrist tend/burs, Carpal tunnel syndrome, Ganglion.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: PRO-SLING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Splinting.

Decision rationale: According to the Official Disability Guidelines, splinting the wrist beyond 48 hours following Carpal Tunnel Syndrome (CTS) release maybe largely detrimental especially

compared to a home therapy program. According to the medical records, the patient was scheduled to undergo left carpal tunnel release on 11/15/2013. There is no indication of any acute shoulder or elbow injury. There is no medical evidence to support immobilization of the arm or wrist such as with a sling following carpal tunnel release. Therefore, the request for a Pro-Sling is not medically necessary and appropriate.