

<b>Case Number:</b>	CM14-0004852		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	08/15/2011
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 Physical Medicine & Rehabilitation, 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 female who reported an injury on 11/8/1988. The mechanism of injury was unclear in the clinical records provided. The clinical note dated 11/19/2013 reported the injured worker complained of pain to both wrists with numbness and tingling which was worse in the morning. The injured worker was not attending therapy. The physical exam noted positive Tinel's testing to bilateral wrists. The injured worker had diagnoses of carpal tunnel syndrome to the bilateral wrists and De Quervain's tendonitis bilateral wrist. The injured worker had a total of 6 sessions of physical therapy. The physician recommended the injured worker remain off of work and follow limitations or restrictions along with a 10 minute break every hour. The provider requested a Neoprene wrist/thumb wrap for both wrist. The request for authorization was provided and submitted 12/17/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NEOPRENE WRIST/THUMB WRAP FOR BOTH WRISTS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The request for a neoprene wrist/thumb wrap for both wrists is certified. The injured worker complained of pain to both wrists with numbness and tingling which was worse in the morning. The injured worker is not attending therapy. The American College of Occupational Environmental Medicine note prolonged splinting leads to weakness and stiffness, but it is recommended for first line treatment to carpal tunnel syndrome, De Quervain's and strains. However, the Official Disability Guidelines (ODG) recommends splinting of the wrist in a neutral position at night and day as needed as an option in conservative treatment. The use of daytime wrist splints has positive but limited evidence. The physician documented the injured worker has positive signs of carpal tunnel syndrome in the objective findings such as a positive Tinel's sign bilaterally and the injured worker underwent physical therapy previously. Therefore, the request for a neoprene wrist/thumb wrap for both wrists is certified.