

Case Number:	CM14-0102999		
Date Assigned:	07/30/2014	Date of Injury:	07/06/2012
Decision Date:	08/29/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/03/2014

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 and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 57-year-old individual with an original date of injury of July 6, 2012. The patient has diagnoses of wrist pain, bilateral cubital tunnel syndrome, bilateral carpal tunnel syndrome, and double-crossed syndrome. The disputed request is for bilateral wrist braces. Electrodiagnostic studies on August 21, 2013 documented mild left carpal tunnel syndrome. There is positive Tinel's at the wrist bilaterally, more notable on the left side according to a progress note on date of service November 25, 2013 and more recently on a progress note dated 5/19/2014. A utilization review determination noncertified this request on the basis that "claimant is already recommended for surgery and prior conservative measures attempted are not detailed."

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Wrist Braces: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINE CARPAL TUNNEL SYNDROME PROCEDURE SUMMARY (UPDATED 2/20/2014).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: MTUS ACOEM Chapter 11 (Forearm, Wrist, and Hand Complaints) recommends in Table 17-7 on page 272 the following: splinting as first-line conservative treatment for carpal tunnel syndrome, DeQuervain's, strains, etc. There is a recommendation against prolonged splinting (leads to weakness and stiffness) and against prolonged post-operative splinting. This injured worker has documentation of wrist pain, double-crossed syndrome, and carpal tunnel syndrome. A progress note available for review on February 24, 2014 documents a physical examination consistent with carpal tunnel syndrome clinically (+ (positive) Tinel's at the wrist, left greater than right). The guidelines recommend bilateral wrists splinting as an option in the treatment of carpal tunnel syndrome, and per the guidelines, this request is medically necessary.