

Case Number:	CM14-0109441		
Date Assigned:	08/01/2014	Date of Injury:	08/09/2012
Decision Date:	10/14/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/15/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

This is a 32-year-old male with an 8/9/2012 date of injury, due to repetitive work. 6/20/14 determination was non-certified given no findings of wrist instability, weakness, or signs of fracture/ligament tear. 5/20/14 first report of occupational injury identified bilateral pain in wrists into hands. Exam revealed bilateral wrist tenderness to palpation. Finkelstein's maneuver elicited mild tightness bilaterally. Hands with well healed left carpal tunnel scar. Hypopigmentation of the skin proximal to the left wrist crease from the steroid injection, and tenderness at the proximal palm. Wrist flexion test of Phalen's elicited numbness bilaterally. The bilateral median nerve compression test of Durkan's elicited discomfort. Tinel's sign was moderate over the bilateral carpal tunnel. The bilateral opponent pollicis muscles were 4/5 in strength. There was decreased light touch sensation along the volar right and left thumbs, index, middle, and half of the ring fingers. Diagnoses include wrist strain and carpal tunnel syndrome.

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. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist, & Hand (updated 02/18/14): Splints

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

Decision rationale: CA MTUS guidelines recommend wrist splinting for acute, subacute, or chronic CTS. The patient had a prior left carpal tunnel release surgery with findings consistent with bilateral carpal tunnel syndrome in the most recent medical report provided. Splinting is one of the first conservative measures proposed in the management of such condition. The medical necessity was substantiated for the requested wrist braces.