

<b>Case Number:</b>	CM14-0010039		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	01/27/2010
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 45-year-old female who reported injury on 01/27/2010. The mechanism of injury was repetitive motion. The injured worker underwent a right carpal tunnel release in 06/2012 and a right middle finger trigger release on 10/01/2012. The exact date of surgery for the carpal tunnel release was 06/07/2012. Other prior treatments were not provided. The most recent documentation was dated 05/15/2013 and was noted to be for the purpose of a permanent and stationary examination. The documentation indicated, on physical examination, the injured worker had full unimpeded range of motion in flexion and extension of all digits, and wrist and elbow without limitation. The injured worker had a positive Tinel's sign on the right side, but a negative Phalen's test. The injured worker had a positive left-sided Tinel's sign and positive Phalen's test with 2 point discrimination of 6 mm to 7 mm in the median innervated digits. The injured worker had decreased grip strength on the right. The diagnoses included status post right carpal tunnel release with residual neurologic symptoms, release of A1 pulley, right middle finger, and minimally symptomatic left carpal tunnel syndrome. There was no DWC Form RFA or PR-2 submitted for review for the requested custom splint.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CUSTOM MADE SPLINT RIGHT HAND/WRIST:** 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): 263-264.

**Decision rationale:** ACOEM Guidelines indicate that the initial treatment of carpal tunnel should include night splints. Day splints can be considered for patient comfort as needed to reduce pain, along with work modifications. The clinical documentation submitted for review failed to provide the documentation of a DWC Form RFA and PR-2 with a submitted rationale for the requested service. There was a lack of documentation indicating the injured worker had a necessity for a custom splint versus an over the counter splint. Given the above and the lack of documentation, the request for CUSTOM MADE SPLINT RIGHT HAND/WRIST is not medically necessary.