

<b>Case Number:</b>	CM14-0013567		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	10/21/2008
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 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 58-year-old female who has submitted a claim for carpal tunnel syndrome associated with an industrial injury date of October 21, 2008. Medical records from 2013 to 2014 were reviewed. The patient complained of bilateral hand pain rated 7-8/10 with residual numbness and tingling. She is status post right carpal tunnel release on July 12, 2010, and left carpal tunnel release and left ulnar nerve decompression on August 5, 2013. The physical examination of the right hand and wrist showed limitation of motion of the wrist and right thumb MCP and IP joints; positive for Finkelstein's and the CMC grind test; tenderness over the flexor tendons on the lower aspect of the wrist; and decreased sensation to the right thumb. An Examination of the left wrist and hand showed healed incisions without signs of infection and limitation of motion. The diagnoses were bilateral carpal tunnel syndrome status post bilateral carpal tunnel release and left ulnar nerve decompression; bilateral wrist flexor tenosynovitis; and de Quervain's tenosynovitis, right wrist. The treatment plan includes a request for wrist extension control cock-up splints for the bilateral wrists. The treatment to date has included oral and topical analgesics, bilateral carpal tunnel release, physical therapy, home exercises and occupational therapy. The patient has had a carpal tunnel release and studies have actually shown adverse effects from splinting following carpal tunnel surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective wrist extension control cock-up non-molded prefabricated x 2 for the bilateral wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 156.

**Decision rationale:** According to pages 156 of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines referenced by the California MTUS, splints encourage lack of mobility which likely impairs or delays recovery with potentially increasing risk of complex regional pain syndrome, debility and delayed recovery. There are limited indications for splints in patients with select diagnoses generally involving more extensive surgical procedures or other needs to utilize splints for protective purposes. The Official Disability Guidelines (ODG) states that splinting after surgery has negative evidence. Studies show that there is no beneficial effect from postoperative splinting after carpal tunnel release when compared to a bulky dressing alone. In this case, the patient is status post bilateral carpal tunnel release and left ulnar nerve decompression at the wrist on August 5, 2013. The guidelines do not recommend post surgical splinting as this would encourage lack of immobility and delay recovery. Moreover, there was no indication that the patient has undergone an extensive surgical procedure for the bilateral wrists. There was no compelling rationale that warrants the use of wrist splints at this time. Therefore, the request for the retrospective wrist extension control cock-up non-molded prefabricated x 2 for the bilateral wrist is not medically necessary.