

Case Number:	CM14-0015326		
Date Assigned:	02/28/2014	Date of Injury:	11/05/2010
Decision Date:	10/14/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/06/2014

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 Emergency 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:

Patient with reported date of injury on 11/5/2010 (there are other noted injury claims with other DOI on record). Mechanism of injury is claimed to have been from a lifting injury to wrist. Patient has a diagnosis of L trigger finger and carpal tunnel. Patient is post L foot surgery, R shoulder surgery, R trigger thumb release in 2008, two L elbow surgery in 2011 and placement of spinal cord stimulator in 11/30/12. Medical reports reviewed. Reports were reviewed until 2/26/13. Records were sent up to 7/23/14. These more recent notes were not review since the original request was done on 1/2014. More recent information does not retrospective affect the criteria used for IMR as per MTUS guidelines. Patient complains of L elbow, L wrist, L shoulder, low back and L leg pain with numbness and tingling. Pain is 7/10 especially wrist pain. Objective exam reveals L wrist with pain with range of motion, Positive Tinel's and Phalen's. Diffuse forearm tenderness. EMGs are reportedly positive for Carpal tunnel but the actual reports were not provided for review. Xray of L elbow (2/13/13) reveals post-surgical changes for lateral epicondyle with metallic bone anchor. X-ray of L wrist (2/13/13) reveals normal wrist. Medications include Norco, Fluoxetine, Levothyroxine, Atenolol, HCTZ, Ambien and Tizanidine. Has attempted chiropractic, back injections, Independent Medical Review is for "Post Op Wrist Sling". Prior UR on 1/28/14 and 2/11/14 recommended non-certification. Records show UR review requested surgery was denied on 1/28/14 and 2/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Op Wrist Sling: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Carpal Tunnel Release.

Decision rationale: MTUS Chronic pain and ACOEM guidelines do not adequately deal with this topic. As per Official Disability Guidelines (ODG), splints/sling for post-operative carpal tunnel release is not recommended. Patient also has documentation of denial of surgery on record. There is no medical necessity for a post-op wrist sling when no operation is to be done. Therefore, the request for a Post Op Wrist Sling is not medically necessary.