

Case Number:	CM14-0119261		
Date Assigned:	08/06/2014	Date of Injury:	12/18/2011
Decision Date:	10/02/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/30/2014

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 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 25 year old female with a reported date of injury on 12/18/2011. The mechanism of injury was a bucket fell and landed on her hand. Section 2: The injured worker's diagnoses included right carpal tunnel syndrome and De Quervain's tenosynovitis. The injured worker's previous treatments included a right carpal tunnel cortisone injection on 01/20/2014. The injured worker's diagnostic testing included an EMG/NCV, and an MRI. The injured worker's surgical history included a right carpal tunnel release and injection of the first dorsal compartment with 3 ml of 0.25% plain Marcaine and 20 mg Depo-Medrol on 05/31/2014. On 01/23/2014 the injured worker reported relief from symptoms for two days following a right carpal tunnel cortisone injection. The numbness and tingling returned on day 3. The clinician reported right grip strength as -5/5 and good motion of the wrist. The injured worker was seen postoperatively on 06/10/2014. The clinician reported normal sensation and pulse, sutures were removed, and no signs of infection were noted. Therapy and follow up were ordered. The injured worker's medications included cephalexin, hydrocodone/APAP, docuprene, and Ondansetron-ODT. The requests were for Retrospective request for 1 Pro-Sling purchase between 05/31/2014 and 05/31/2014, a Retrospective request for 1 Universal Therapy Wrap purchase between 05/31/2014, and a Retrospective request for 1 Half-Arm Wrap purchase between 05/31/2014. No rationale for the requests were provided. No request for authorization form was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 Pro-Sling purchase between 5/31/2014 and 5/31/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation, Online Edition Chapter: Carpal Tunnel Syndrome

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The request for Retrospective request for 1 Pro-Sling purchase between 05/31/2014 and 05/31/2014 is not medically necessary. The injured worker underwent a right carpal tunnel release and injection of the first dorsal compartment with 3 ml of 0.25% plain Marcaine and 20 mg Depo-Medrol on 05/31/2014. The California MTUS/ACOEM Guidelines do not recommend postoperative splinting as no beneficial effect from postoperative splinting after carpal tunnel release when compared to a bulky dressing alone. In fact, splinting the wrist beyond 48 hours following CTS release may be largely detrimental, especially compared to a home therapy program. The injured worker underwent carpal tunnel release and a corticosteroid injection on 05/31/2014. The guidelines note immobilization and splinting after surgical intervention is not recommended. The requesting physician's rationale for the request is not indicated within the provided documentation. In addition, the request did not include the site or directions for use. Therefore, the request for Retrospective request for 1 Pro-Sling purchase between 05/31/2014 and 05/31/2014 is not medically necessary.

Retrospective request for 1 Universal Therapy Wrap purchase between 5/31/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation, Online Edition Chapter: Carpal Tunnel Syndrome

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The request for Retrospective request for 1 Universal Therapy Wrap purchase between 5/31/2014 is not medically necessary. The injured worker underwent a right carpal tunnel release and injection of the first dorsal compartment with 3 ml of 0.25% plain Marcaine and 20 mg Depo-Medrol on 05/31/2014. The California MTUS/ACOEM Guidelines do not recommend postoperative splinting as no beneficial effect from postoperative splinting after carpal tunnel release when compared to a bulky dressing alone. In fact, splinting the wrist beyond 48 hours following CTS release may be largely detrimental, especially compared to a home therapy program. The guidelines note immobilization and splinting after surgical intervention is not recommended. The requesting physician's rationale for the request is not indicated within the provided documentation. In addition, the request did not include the site or directions for use. Therefore, the request for Retrospective request for 1 Universal Therapy Wrap purchase between 5/31/2014 is not medically necessary.

Retrospective request for 1 Half-Arm Wrap purchase between 5/31/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation, Online Edition Chapter: Carpal Tunnel Syndrome

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271..

Decision rationale: The request for Retrospective request for 1 Half-Arm Wrap purchase between 5/31/2014 is not medically necessary. The injured worker underwent a right carpal tunnel release and injection of the first dorsal compartment with 3 ml of 0.25% plain Marcaine and 20 mg Depo-Medrol on 05/31/2014. The California MTUS/ACOEM Guidelines do not recommend postoperative splinting as no beneficial effect from postoperative splinting after carpal tunnel release when compared to a bulky dressing alone. In fact, splinting the wrist beyond 48 hours following CTS release may be largely detrimental, especially compared to a home therapy program. The guidelines note immobilization and splinting after surgical intervention is not recommended. The requesting physician's rationale for the request is not indicated within the provided documentation. In addition, the request did not include the site or directions for use. Therefore, the Retrospective request for 1 Half-Arm Wrap purchase between 5/31/2014 is not medically necessary.