

Case Number:	CM14-0122826		
Date Assigned:	08/08/2014	Date of Injury:	03/16/2011
Decision Date:	09/11/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/04/2014

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 Nevada. 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 records presented for review indicate that this 51-year-old female was reportedly injured on March 16, 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated June 12, 2014, indicates that there are ongoing complaints of neck pain, shoulder pain, arm pain as well as numbness, tingling, and burning in the hands. The physical examination demonstrated tenderness of the paraspinal muscles of the cervical and thoracic spine. There were muscle spasms along the cervical spine with decreased range of motion. Decreased sensation was noted at the C5 and C6 dermatomes. There was a positive Tinel's and Phalen's test at the bilateral wrists. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes physical therapy, oral medications, and bracing. A request had been made for a wrist sling and was not certified in the pre-authorization process on July 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wrist Sling: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC.

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, Splinting, Updated February 20, 2014.

Decision rationale: According to the attached medical record and an appeal dated July 10, 2014, the injured employee has not been approved for carpal tunnel surgery. Considering this, the subsequent request for a wrist sling and a postoperative setting is not medically necessary.