

Case Number:	CM14-0127162		
Date Assigned:	08/13/2014	Date of Injury:	01/09/2006
Decision Date:	09/11/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/11/2014

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 Orthopedic surgery 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 claimant is a 56-year-old gentleman whose records identify a January 9, 2006, date of vocational injury. The injury is reported as being secondary to repetitive use of the upper extremities. A diagnosis of carpal tunnel syndrome, confirmed by electrodiagnostic studies in September 2012, is noted. A June 26, 2014, follow-up note documents failure of conservative measures and continued symptoms consistent with carpal tunnel syndrome. Based on failed conservative care, bilateral endoscopic carpal tunnel release was recommended and subsequently approved by the carrier. This request is for use of custom splints postoperatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Custom Splint for the Bilateral Wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp, 18th Edition, 2013 Updates: carpal tunnel release Splinting.

Decision rationale: California ACOEM Guidelines and supported by the Official Disability Guidelines would not support the use of custom splints following bilateral carpal tunnel release. ACOEM Guidelines and ODG Guidelines support the efficacy of neutral wrist splints but do not support the use of splinting following carpal tunnel release. Rather, advancement of function to the wrist without assistive devices would be indicated. The reviewed records do not provide a rationale for why a deviation from guidelines criteria would be warranted in this case. Therefore, the request for Post-Operative Custom Splint for the Bilateral Wrist is not medically necessary and appropriate.