

Case Number:	CM14-0133318		
Date Assigned:	08/25/2014	Date of Injury:	05/23/2011
Decision Date:	10/14/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/20/2014

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 Plastic and Reconstructive Surgery and is licensed to practice in Maryland, Virginia, and North Carolina. 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 36 year old female with a reported date of injury on 5/23/11 from repetitive activity who requested a post-surgical left wrist splint(WHO without joints CF). She is documented to have signs and symptoms of bilateral carpal tunnel syndrome and bilateral de Quervain's tenosynovitis. She had undergone right carpal tunnel release and release of right De Quervain's tenosynovitis. Based on failure of non-operative management and progression of her symptoms since her right sided surgery, a request for authorization was made on 7/25/14 that included left carpal tunnel release, left De Quervain's release, postoperative splint and post-op pain medication. Utilization review dated 8/5/14 certified the surgical treatment, modified the pain prescription and did not certify the post-surgical left wrist splint. Reasoning given for non-certification of the splint was that 'The peer-reviewed literature does not clearly support the utilization of immobilization post first dorsal compartment release and carpal tunnel release.' ACOEM treatment guidelines are cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

WHO without joints CF (Post- surgical left wrist splint): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): Chapter 11 pages 47-48, 270--271.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, splinting

Decision rationale: The patient is a 36 year old female that was certified for left carpal tunnel release and release of De Quervain's tenosynovitis on the left. A post-operative splint was not certified. From ACOEM, Chapter 11, Forearm, Wrist and Hand complaints, page 270 with respect to carpal tunnel surgery and postoperative splinting: Two prospective randomized studies show 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. In addition, from ODG, Carpal tunnel syndrome, splinting: Splinting after surgery has negative evidence and post-surgical treatment: Splint - day & night is not recommended. ACOEM and ODG do not specifically address splinting following release of De Quervain's tenosynovitis. But, given the possible detrimental effect of splinting for carpal tunnel release and that it is not recommended, a post-operative splint (WHO without joints CF) for this patient should not be considered medically necessary.