

Case Number:	CM14-0137045		
Date Assigned:	08/29/2014	Date of Injury:	12/06/2012
Decision Date:	12/31/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/21/2014

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 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 injured worker (IW) is a 40-year-old female with complaints of persistent pain and numbness in both hands dating back to a cumulative work injury on 12/06/12. Records from the treating physician report dated March 24, 2014 indicate the IW has full range of motion in the cervical spine and wrists. Palpable tenderness was noted at the medial epicondyle bilaterally. Decreased sensation was noted to fine touch and pin prick in the first, second and third digits bilaterally. The IW has been treated with physical therapy, medications, and acupuncture with little reduction in her symptoms. An MRI and EMG studies have been performed although the results of those tests are unknown as no records have been forwarded to me for review. The current diagnoses are: Bilateral CTS and Bilateral medial epicondylitis, R/O ulnar nerve entrapment. The request for bilateral wrist splints was denied based on the lack of supporting documentation for wrist instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Wrist Braces: Overturned

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

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

Decision rationale: The injured worker (IW) is a 40-year-old female with complaints of persistent pain and numbness in both hands dating back to a cumulative work injury on 12/06/12. The treating physician has requested bilateral wrist braces to help alleviate increasing complaints at night. The Official Disability Guidelines (ODG) does recommend splinting of the wrist in a neutral position at night and during the day prn in the treatment of carpal tunnel syndrome as an option in conservative treatment. For this reason the request for bilateral wrist splints is medically necessary.