

Case Number:	CM14-0141498		
Date Assigned:	10/08/2014	Date of Injury:	02/01/1993
Decision Date:	12/24/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/02/2014

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 Internal Medicine 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 is 78 years old with a date of injury February 1, 1993. The history was garnered from an October 31, 2013 consultation. There was a hand surgery consultation in the medical records. There was no other clinical documentation in the medical record. The assessment stated it was difficult to determine whether the patient's symptoms are related to her work injury of February 1, 1993 because no medical records were available and it is impossible to obtain any details of the past because her memory was very vague. There were no additional medical records in the file. The injured worker was hospitalized overnight in August 2014 for an unrelated problem. She returned to the hand surgeon who requested six treatments of therapy and bilateral night splints. The medical record indicates the injured worker was authorized for hand therapy, but the injured worker was unable to go because she was sick with the flu. The injured worker is 21 years post injury. There is limited documentation the injured worker received prior and physical therapy since the date of injury. Additionally, there is limited information regarding the number of physical therapy sessions completed to date and the response to physical therapy in addition to conservative care. Examination of the hand did not show any muscle atrophy. It was full closure of the fists and full opposition of the thumbs. Finkelstein's test is positive on the left side only. Tinel's sign is positive at both wrists. The diagnoses were bilateral carpal tunnel syndrome, left greater than right and left DeQuervain's tenosynovitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand therapy x 6 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Carpal Tunnel Syndrome Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Forearm, Wrist and Hand, Physical Therapy.

Decision rationale: Pursuant to the Official Visibility Guidelines, physical therapy hand for six visits is not medically necessary. Patient should be formally assessed after a six visit clinical trial to see if patients are moving in a positive direction, no direction, or negative direction (prior to continuing with physical therapy). The guidelines provide 1 to 3 physical therapy visits over 3 to 5 weeks for carpal tunnel syndrome. In this case, the injured worker is 78 years old with a date of injury February 1, 1993. There was a hand surgery consultation in the medical records. The assessment stated it was difficult to determine whether the patient's symptoms are related to her work injury of February 1, 1993 because no medical records were available and it is impossible to obtain any details of the past because her memory was very vague. There were no additional medical records in the file. The injured worker was hospitalized overnight in August 2014 for an unrelated problem. She returned to the hand surgeon who requested six treatments of therapy and bilateral night splints. The medical record indicates the injured worker was authorized for hand therapy, but she was unable to go because she's sick with the flu. The injured worker is 21 years post injury. There is limited documentation the injured worker received prior and physical therapy since the date of injury. Additionally, there is limited information regarding the number of physical therapy sessions completed to date and the response to physical therapy in addition to conservative care. The guidelines provide for 1 to 3 physical therapy visits over 3 to 5 weeks for carpal tunnel syndrome. Consequently, physical therapy for six visits is not medically necessary.

DME: right and left wrist splints: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Carpal Tunnel Syndrome Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Forearm, Wrist and Hand Section, (DME) Wrist Splints.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, right and left wrist splints (DME) are not medically necessary. The ACOEM indicates scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night, and may be used during the day depending upon activity. The ODG recommends splinting of risk in neutral positions at night and day as needed, as an option in conservative treatment. Carpal tunnel syndrome may be treated initially with a splint and medications before injection is considered, except in cases of severe carpal tunnel syndrome. Data suggests splinting is most effective if applied within three months of onset. In this case, the injured worker is in the chronic phase of

the injury because the date of injury was 21 years ago. Consequently, right and left wrist splints are not clinically indicated. Although the injured worker has continued complaints of pain, the splints are not likely to be helpful. Based on clinical information than the record and the peer-reviewed evidence-based guidelines, right and left wrist splints (DME) are not medically necessary.