

Case Number:	CM14-0151838		
Date Assigned:	09/19/2014	Date of Injury:	04/21/2014
Decision Date:	10/28/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/11/2014

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 Surgeon and is licensed to practice in Texas. 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 a 34-year-old female who reported a date of injury of 04/21/2014. The mechanism of injury was not indicated. The injured worker had diagnoses of bilateral carpal tunnel syndrome, left radial tunnel syndrome and left volar wrist mass. The injured worker had an Nerve Conduction Velocity (NCV) Studies on 05/20/2014, with the official report indicating moderate left carpal tunnel syndrome and, no electrodiagnostic evidence of active ulnar neuropathy, radial neuropathy, peripheral polyneuropathy, brachial plexopathy, or cervical radiculopathy; an magnetic resonance imaging (MRI) of the left wrist on 07/01/2014, with the official report indicating a moderately well defined 1 cm mass with signal characteristics suggesting a cyst lesion directly overlying the flexor carpal radial tendon. Appearance was compatible with a synovial/ganglion cyst; 7 small synovial/ganglion cysts were identified along the ulnar aspect of the trapezium bone; mild flattening tendinopathy of the extensor carpal ulnaris tendon as it passes along the ulnar groove and ulnar styloid process, prominence of the median nerve which appeared mildly flat within the carpal tunnel. Prior treatments included splinting, activity modification, physical therapy, and a home exercise program. Surgeries included left carpal tunnel release with tenosynovectomy on 08/15/2014. The injured worker had complaints of significant right carpal tunnel symptoms with nocturnal paresthesias that awoke her from sleep. The clinical note dated 08/25/2014 noted the injured worker had a positive Tinel's sign, positive Phalen's test, a positive shake test and paresthesia and a positive compression with thumb adductor weakness. Medications included hydrocodone and cocoa butter stick. The treatment plan included the physician's recommendation for operative treatment for right carpal tunnel syndrome. The rationale was not provided within the medical records received. The Request for Authorization form was received on 08/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Op Splint: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation, Carpel tunnel Syndrome Procedure Summary (last updated 2/20/2014)

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 (Acute & Chronic), Splinting.

Decision rationale: The request for a postop splint is not medically necessary. The injured worker had complaints of significant right carpal tunnel symptoms with nocturnal paresthesia that awoke her from sleep. California American College of Occupational and Environmental Medicine (ACOEM) Guidelines do not address. The Official Disability Guidelines (ODG) recommend splinting of the wrist for treating displaced fractures and in neutral position at night and day as needed as an option in conservative treatment. The use of daytime wrist splints as positive, but limited evidence. Splinting after surgery has negative evidence. When treating with a splint, there is scientific evidence to support the efficacy of neutral wrist splints and carpal tunnel syndrome, and it may include full time splint layer instructions as needed versus night only. Carpal tunnel syndrome may be treated initially with a splint and medications before injection is considered. There is no beneficial effect from postoperative splinting after carpal tunnel release when compared to a bulky dressing alone. In fact, splinting a wrist beyond 48 hours following carpal tunnel syndrome release may be largely detrimental, especially compared to a home physical therapy program. The guidelines do not recommend postoperative wrist splints, for which the request was submitted. As there is no beneficial effect from postoperative splinting compared to the use of a bulky dressing alone. As such, the request is not medically necessary.