

Case Number:	CM14-0153658		
Date Assigned:	09/23/2014	Date of Injury:	12/09/2010
Decision Date:	10/24/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/19/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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:

According to the records made available for review, this is a 56-year-old female with a December 9, 2010 date of injury. At the time of request for authorization for Bilateral Apollo wrist splints (volar) x2, there is documentation of subjective (pain and numbness in both hands) and objective (positive bilateral Tinel's sign in the wrist, positive bilateral Phalen's sign, and positive compression test) findings, current diagnoses (bilateral wrist pain, bilateral wrist and forearm tendinitis, and recurrent bilateral carpal tunnel syndrome), and treatment to date (medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

Two bilateral apollo wrist splints (Volar): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome, Splinting

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

Decision rationale: The Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines identifies documentation of a condition/diagnosis (with supportive

subjective/objective findings) for which a wrist splint is indicated (such as: acute, subacute, or chronic CTS; moderate or severe acute or subacute wrist sprains; acute, subacute, or chronic ulnar nerve compression at the wrist; acute, subacute, or chronic radial nerve neuropathy; scaphoid tubercle fractures; acute flares or chronic hand osteoarthritis; Colles' fracture; or select cases (i.e., patients who decline injection) of acute, subacute, or chronic flexor tendon entrapment), as criteria necessary to support the medical necessity of wrist splinting. Within the medical information available for review, there is documentation of diagnoses of bilateral wrist pain, bilateral wrist and forearm tendinitis, and recurrent bilateral carpal tunnel syndrome. In addition, given documentation of subjective (pain and numbness in both hands) and objective (positive bilateral Tinel's sign in the wrist, positive bilateral Phalen's sign, and positive compression test) findings, and a diagnosis of bilateral carpal tunnel syndrome, there is documentation of a condition/diagnosis (with supportive subjective/objective findings) for which a wrist splint is indicated. Therefore, based on guidelines and a review of the evidence, the request for two bilateral apollo wrist splints (Volar) is medically necessary and appropriate.