

Case Number:	CM14-0159736		
Date Assigned:	10/03/2014	Date of Injury:	01/24/2011
Decision Date:	10/31/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/29/2014

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 Surgery 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:

This is a 44-year-old female who was injured in a work-related accident on 01/24/11. The medical records provided for review documented that the claimant was diagnosed with bilateral carpal tunnel syndrome as a result of the injury. The progress report dated 08/18/14 noted a well-healed scar as a result of the recent left carpal tunnel release that had taken place three days prior. There was no drainage from the incision. Physical examination showed continued tenderness to palpation. Recommendations at that time were for a "left wrist support" for postoperative use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Wrist Support: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), carpal tunnel procedure splinting

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Carpal tunnel syndrome: Splinting

Decision rationale: Based on the California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for postoperative splinting is not recommended as medically necessary. Following carpal tunnel release surgery, both guidelines do not typically recommend postoperative splinting beyond a 48 hour window. After that period of time, splinting is noted to be largely detrimental in terms of recovery. Guidelines would support advancement to an aggressive reconditioning program for strengthening and function. Given the request in this case was outside the 48 hour window from the operative procedure, the request for postoperative support would not be supported as medically necessary.