MAXIMUS Federal Services

Case Number:	CM14-0171638		
Date Assigned:	10/23/2014	Date of Injury:	01/10/2013
Decision Date:	12/03/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/17/2014

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 Plastic Surgery/Hand Surgery and is licensed to practice in Oregon. 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 patient was seen on 06/19/14 and complained of left wrist and hand pain that was aggravated by repetitive flexion, grasping, gripping, pushing, pulling and when opening jars and bottles. The patient noted numbness, tingling sensation, weakness and loss of grip. Pain level was 5-7/10. The physical examination revealed positive Phalen's test, Tinel's sign and compression test of the median nerve with numbness of all proximal fingers at approximately 5 seconds. The patient also had positive Durkan's test and prayer's sign with mild thenar atrophy and mild abductor pollicis brevis weakness. Electromyography (EMG) and nerve conduction velocity (NCV) dated 09/09/13 documented: 1.) Left-sided cervical radiculopathy involving C7 and C8 nerve root, 2.) Left-sided median neuropathy involving the motor and sensory nerves, 3.) Left-sided ulnar motor neuropathy across the elbow consistent with the clinical diagnosis of cubital tunnel syndrome, 4.) Right-sided severe ulnar neuropathy distal to the elbow, 5.) There is electrodiagnostic evidence of brachial plexopathy, peripheral polyneuropathy or myopathic process. Left cubital release was performed on 09/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Pro-wrist brace purchase: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand (updated 08/08/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: The patient has a nerve conduction diagnosis of carpal tunnel syndrome. Physical exam is consistent with carpal tunnel syndrome. Per ACOEM: "When treating with a splint in CTS, 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." A pro-wrist brace is a low cost reusable brace that may be beneficial in managing the patient's carpal tunnel symptoms. Therefore, the request is medically necessary.

Associated surgical service: Pro-sling purchase: 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), Shoulder, updated 08/27/14

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 236.

Decision rationale: According to the ACOEM guidelines, "Careful advice regarding maximizing activities within the limits of symptoms is imperative once red flags have been ruled out. If a sling is needed for treatment of an elbow condition, the use of the sling should be for as short a time as necessary, and gentle exercise is desirable, even at this stage." The ACOEM guidelines do not generally support elbow slings and the records do not provide a compelling rationale for overturning the guideline. Therefore, the request is not medically necessary.