

Case Number:	CM14-0183831		
Date Assigned:	11/10/2014	Date of Injury:	10/07/2011
Decision Date:	12/30/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/04/2014

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 Occupational 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:

This is a 54-year-old male with a 10/7/11 date of injury. The patient was most recently seen on 10/01/14 with complaints of intermittent mild to moderate pain in both wrists, right more than left, associated with numbness/tingling in both wrists with right greater than left. He also complained of neck pain, with radiation to both arms. Exam findings revealed tenderness to palpation and spasms about the right trapezius musculature, and decreased lateral flexion and rotation. An Electrodiagnostic study dated 7/30/14, reportedly showed evidence of mild, right greater than left, carpal tunnel syndrome affecting sensory and motor components. The study further revealed a mild, chronic C6/7 radiculopathy on the right greater than left. Examination of the left wrist/hand revealed tenderness to palpation about the thenar eminence. Range of motion was limited due to pain, and grip strength was 4/5. Examination of the right wrist revealed tenderness over the healed surgical scar and over the thenar eminence. There was full range of motion, and grip strength was 5/5. No orthopedic or neurological exam was documented. The patient's diagnoses included: 1) Cervical spine sprain/strain with radicular complaints. 2) Bilateral wrist tenosynovitis with carpal tunnel syndrome. 3) Status post bilateral carpal tunnel release. The medications included: Tramadol, naproxen, omeprazole, Ondansetron. Significant Diagnostic Tests: Electrodiagnostic study, X-rays Treatment to date: bilateral CTR surgery, post-op PT. An adverse determination was received on 10/23/14 due to an absence of CA MTUS or ODG guideline recommendations regarding the use of wrist braces post-operatively following carpal tunnel release surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Wrist Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 272.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 156. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), (Carpal Tunnel Syndrome Chapter)

Decision rationale: CA MTUS guidelines recommend wrist splinting for 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; or acute flares or chronic hand Osteoarthritis; Colles' fracture. CA MTUS states that there is no quality data and some splints appear indicated for select patients. There are limited indications for splints in patients with select diagnoses generally involving more extensive surgical procedures or other needs to utilize splints for protective purposes. ODG states that splinting after surgery has negative evidence. This patient is status post bilateral carpal tunnel release surgery, and has been under continuing care for bilateral wrist pain, with numbness and tingling. A recent Electrodiagnostic study showed evidence of mild, right greater than left, carpal tunnel syndrome affecting sensory and motor components. Physical examination of the left wrist/hand revealed tenderness to palpation about the thenar eminence. Range of motion was limited due to pain, and grip strength was 4/5. The right wrist examines normally. This patient has physical and electrophysiological evidence of carpal tunnel syndrome. However, both CA MTUS and ODG guidelines discourage the use of wrist braces post operatively following carpal tunnel release surgery. Therefore, the request for Bilateral Wrist Brace is not medically necessary.