

Case Number:	CM14-0029350		
Date Assigned:	06/20/2014	Date of Injury:	12/09/2013
Decision Date:	07/17/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/07/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and New York. 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 58 year old female with reported injury on 12/09/2013. The mechanism of injury was not provided. The injured worker had a physical therapy progress note on 01/29/2014 where she complained of right hand/ wrist pain at rest on scale of 8/10 with decreased function, with tingling and numbness. The treating diagnosis was Carpal tunnel syndrome. The injured workers range of motion to right hand was within normal limits. Her strength was 4+/5 on biceps/triceps, 4/5 wrist flexor/extensor, intrinsics 4/5. She did have a positive phalans test. On 02/07/2014 the injured worker had an exam with her primary physician with complaints on no improvement to her wrist. She complained that the tingling and pain becomes worse with repetitive activities. The recommended plan of treatment was a home therapy program, Naprosyn, Tylenol, Omeprazole, Ice and a custom wrist cock-up splint for nighttime use. The request for authorization or the rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom wrist cock-up splint for nighttime use for right wrist.: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

Decision rationale: There is evidence to show that the injured worker has been participating with physical therapy. The ACOEM guidelines recommend that carpal tunnel syndrome may be treated with a splint and medications before injection is considered. The guidelines also state that when treating with a splint in carpal tunnel syndrome, scientific evidence supports the efficacy of neutral wrist splints at night. Therefore, the request for wrist cock-up splint at night is medically necessary.