

Case Number:	CM14-0046184		
Date Assigned:	07/02/2014	Date of Injury:	06/14/2010
Decision Date:	12/09/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/15/2014

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 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 57-year-old female with a 6/14/10 date of injury, and status post right carpal tunnel release 1/9/14. At the time (3/26/14) of request for authorization for right wrist brace, there is documentation of subjective (swelling and increased right upper extremity pain) and objective (right wrist healing scars, edema, and ecchymosis) findings, current diagnoses (status post right carpal tunnel release 1/9/14; right forearm/wrist tendinitis/De Quervain's), and treatment to date (medications and activity modification).

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Wrist Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (Web) 2013, Carpal Tunnel Syndrome, Splinting

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome; Splinting

Decision rationale: MTUS reference to ACOEM guidelines do not specifically address post-operative splinting. ODG identifies that splinting after surgery has negative evidence. In addition, ODG identifies that two prospective randomized studies show that there is no beneficial effect from postoperative splinting after carpal tunnel release when compared to a bulky dressing alone and that splinting the wrist beyond 48 hours following CTS (carpal tunnel syndrome) release may be largely detrimental, especially compared to a home physical therapy program. Therefore, based on guidelines and a review of the evidence, the request for right wrist brace is not medically necessary.