

<b>Case Number:</b>	CM14-0061462		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	07/05/1989
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 Texas. 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 45-year-old female who reported an injury on 07/05/1989. The mechanism of injury was not stated. Current diagnoses include bilateral carpal tunnel syndrome, stenosing tenosynovitis of the right thumb, status post left middle trigger finger release, and status post left shoulder arthroscopy with subacromial decompression. The injured worker was evaluated on 05/15/2014. It was noted that the injured worker reported complaints of pain, numbness, and tingling in the bilateral hands and wrists, exacerbated at night. Physical examination revealed decreased sensation to pinprick over the volar aspect of the thumb, index, and middle fingers with positive Phalen's testing bilaterally. Treatment recommendations at that time included an appeal request for bilateral wrist cockup splints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 bilateral wrist cock-up splints: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Carpal Tunnel Syndrome (Acute & Chronic).

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

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Practice Guidelines state when treating with a splint in carpal tunnel syndrome, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used a night, and may be used during the day, depending upon activity. As per the documentation submitted, the requesting provider recommended cockup splints, which would place the wrist in a position of dorsal extension. The California MTUS/ACOEM Practice Guidelines recommended neutral wrist splints. Therefore, the medical necessity for a cockup splint has not been established. There is no mention of a contraindication to traditional, neutral wrist splints. Based on the clinical information received and the California MTUS/ACOEM Practice Guidelines, the request is not medically necessary and appropriate.