

Case Number:	CM14-0072136		
Date Assigned:	07/16/2014	Date of Injury:	05/23/2007
Decision Date:	09/10/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/20/2014

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, has a subspecialty in 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:

This 56-year-old female sustained an injury on 5/23/07. The patient's diagnoses had included rotator cuff tear of the bilateral shoulders, and carpal tunnel syndrome bilaterally. The patient also sustained an injury to the palmar cutaneous branch of the median nerve post surgery. In an agreed medical evaluation (AME) evaluation performed 8/28/13, there were findings that suggested failed surgery for the rotator cuff, some with a residual rotator cuff tear along with ongoing persisting median neuropathy post carpal tunnel release. The previous surgery for carpal tunnel release had included endoscopic: release. It was reported that repeat nerve conduction studies on 3/28/13, showed median nerve function without improvement. A revision of open carpal tunnel release was undertaken. A recent nerve conduction study suggested bilateral carpal tunnel syndrome with diminished sensibility in the left hand. A clinical exam detailed thenar weakness in early atrophy on the right side with a carpal compression test and Phalen's test that produced positive symptoms on the left. Upon reviewing the records, a surgical plan was indicated for a left carpal tunnel release with a right trigger thumb injection; possibly carpal tunnel injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

WHO w/o joints CF (custom splint for left wrist following surgery): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <Insert Other Basis/Criteria>.

Decision rationale: Splinting after carpal tunnel release is not medically necessary. According to the ACOEM guidelines, "Two prospective randomized studies show no beneficial effect from postoperative splinting after carpal tunnel release when compared to a bulky dressing alone. In fact, splinting the wrist beyond 48 hours following CTS release may be largely detrimental, especially compared to a home therapy program."