

Case Number:	CM14-0077448		
Date Assigned:	07/18/2014	Date of Injury:	11/18/2013
Decision Date:	08/29/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/27/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 44-year-old female who reported an injury on 11/18/2013. The mechanism of injury involved repetitive activity. Current diagnoses include bilateral carpal tunnel syndrome, right volar wrist ganglion cyst, status post excision of left volar wrist ganglion cyst, and history of rheumatoid arthritis. The latest physician progress report submitted for this review is documented on 02/04/2014. The injured worker reported persistent pain, paresthesia, and numbness. It is noted that the injured worker has been previously treated with a splint. Physical examination revealed a mass protruding on the right side of the left wrist with tenderness to palpation, abnormal sensation in the bilateral upper extremities and digits, positive Tinel's and Phalen's testing, and limited grip strength. Treatment recommendations at that time included excision of the right volar ganglion cyst and release of the right carpal tunnel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom made splint: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state when treating with a splint in carpal tunnel syndrome, scientific evidence supports the efficacy of neutral wrist splints. The injured worker maintains a diagnosis of bilateral carpal tunnel syndrome. However, there is no specific body part listed in the request. It is also noted that the injured worker has been previously treated with a splint. The medical necessity for an additional splint has not been established. As such, the request is not medically necessary.