

Case Number:	CM14-0084321		
Date Assigned:	07/21/2014	Date of Injury:	03/03/2014
Decision Date:	09/19/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/05/2014

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 and 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:

The injured worker is a 44-year-old female with a reported injury on 03/03/2014. The mechanism of injury was not provided. Her diagnoses included bilateral carpal tunnel syndrome right greater than left, right radiating arm pain much greater than left with a left C5-6 neural foraminal encroachment and right shoulder arthropathy. There was a lack of evidence of conservative previous treatments. The injured worker had an examination on 06/30/2014 with complaints of significant neck pain, radiating left arm pain down to her elbow with numbness and tingling. It was reported that she previously had more pain to her right shoulder and arm and she still complained of numbness and tingling bilaterally from her carpal tunnel syndromes. She had right shoulder pain from her arthropathy. She did have a positive Spurling's test to the back of her neck. She does have bilateral carpal tunnel syndrome right side greater than left. There was not a list of medications provided. The recommended plan of treatment was for her to continue to have a collar and to have repeat in Medrol Dosepak and for her to have the bilateral hand braces. The rationale was not provided. The Request for Authorization was signed and dated on 05/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Hand Braces (Unspecified if Purchase or Rental): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Acoem-

<https://www.acoempracguides.org/handandwrist>; Table 2, Summary Of Recommendations, Hand And Wrist Disorders.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome, splinting.

Decision rationale: The bilateral hand braces is not medically necessary. The ACOEM Guidelines recommend that splinting is recommended as a first line conservative treatment for carpal tunnel syndrome. Official Disability Guidelines recommend splinting of a wrist in a neutral position at night and during the day as needed as an option in conservative treatment. In treating with a splint there is scientific evidence to support the efficacy of a neutral brace splint in carpal tunnel syndrome and it may include full time splint wear instructions as needed. The request does not specify splinting in a neutral position and the frequency and the duration of the bilateral hand braces. There is lack of evidence to support the medical necessity of the bilateral hand braces without further evaluation and assessment. Therefore, the request for the bilateral hand braces is not medically necessary.