

Case Number:	CM14-0121507		
Date Assigned:	09/16/2014	Date of Injury:	12/10/2008
Decision Date:	01/07/2015	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/01/2014

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and upper extremity pain reportedly associated with an industrial injury of December 10, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; opioid therapy; and earlier cervical fusion surgery. In a Utilization Review Report dated July 11, 2014, the claims administrator denied a request for a carpal tunnel splint. The claims administrator stated that the applicant carried operating diagnoses of right-sided carpal tunnel syndrome, cervical spinal stenosis, and cervical radiculopathy. The claims administrator did not provide much to support for its denial, simply stating that the applicant could purchase a splint independently as opposed to pursuing a splint through the Utilization Review process. The applicant's attorney subsequently appealed. The splint was seemingly sought via a June 12, 2014 handwritten progress note, in which the applicant apparently re-presented with complaints of neck pain and hand pain. The applicant was using Motrin, oxycodone, Lyrica, and Prilosec, it was stated. The applicant had apparently alleged pain secondary to cumulative trauma from repetitive lifting at work. Large portions of the note were difficult to follow, although it was suggested that the applicant was experiencing issues with hand pain, digit pain, and paresthesias. Electrodiagnostic testing of June 13, 2014 was notable for evidence of a right-sided cervical radiculopathy, moderate-to-severe right ulnar neuropathy, and a mild right median neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carpal Tunnel Splint: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines/Splinting

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-7, page 272.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-7, and page 272, splinting is "recommended" as a first-line conservative treatment for carpal tunnel syndrome, the diagnosis reportedly present here. The request, as written, thus, is in-line with ACOEM parameters. Therefore, the request is medically necessary.