

<b>Case Number:</b>	CM14-0129495		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	03/04/2013
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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] beneficiary who has filed a claim for chronic wrist pain reportedly associated with an industrial injury of March 4, 2013. In a Utilization Review report dated August 11, 2014, the claims administrator failed to approve a request for a pro-sling device apparently prescribed and/or dispensed on or around August 4, 2014. The claims administrator noted that the applicant had undergone a carpal tunnel release surgery and flexor tenosynovectomy procedure on June 12, 2014. The claims administrator, thus, interpreted the request for a sling as a request for a sling or splint for postoperative use purposes. The applicant's attorney subsequently appealed. In an operative report dated June 12, 2014, the applicant underwent a right wrist transverse carpal ligament resection, right wrist median nerve release surgery, and a flexor tenosynovectomy procedure to ameliorate a preoperative diagnosis of carpal tunnel syndrome. On June 18, 2014, the applicant was placed off of work, on total temporary disability. The applicant was using Ultram and Voltaren for pain relief. The applicant stated that her paresthesias had significantly improved following the carpal tunnel release procedure. Physical and occupation therapy were endorsed. On June 27, 2014, the applicant was asked to continue Norco and Voltaren while remaining off of work, on total temporary disability. Postoperative physical therapy was endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **1 Purchase of Pro-Sling: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

**Decision rationale:** No, the request for a pro-sling device was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, page 270, splinting the wrist beyond 48 hours following carpal tunnel release surgery may be "largely detrimental." Here, the request for a sling/splint following the carpal tunnel release procedure of June 12, 2014, thus, ran counter to ACOEM principles and parameters. The attending provider's progress notes of June 27, 2014 and June 18, 2014 did not contain any rationale, which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request was not medically necessary.