

Case Number:	CM14-0187780		
Date Assigned:	11/18/2014	Date of Injury:	06/12/2009
Decision Date:	05/01/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/11/2014

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: 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 injured worker is a 58 year old male, who sustained an industrial injury on 6/12/2009. He reported an injury while being yanked by a chain. The injured worker was diagnosed as carpal tunnel syndrome, status post right shoulder arthroscopy in 2009 and status post left arthroscopy in 2010 and repeat left shoulder arthroscopy in 2012. There is no record of a recent radiology study. Treatment to date has included physical therapy, immobilizing splints and medication management. Currently, the injured worker complains of numbness and tingling to the right hand digits. In a progress note dated 9/27/2014, the treating physician is requesting a right hand brace for carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Purchase: Right carpal tunnel brace for night time use: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, & Hand (Acute & Chronic), Splints/Splinting, Carpal Tunnel Syndrome (Acute & Chronic).

Decision rationale: The Official Disability Guidelines recommend splinting of the wrist in neutral position at night and day p.r.n. for carpal tunnel syndrome. I am reversing the previous utilization review decision. DME Purchase: Right carpal tunnel brace for night time use is medically necessary.