MAXIMUS Federal Services

Case Number:	CM14-0192369		
Date Assigned:	11/26/2014	Date of Injury:	04/21/2004
Decision Date:	01/20/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/17/2014

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 neck, wrist, and shoulder pain reportedly associated with an industrial injury of April 21, 2004.In a Utilization Review Report dated October 21, 2014, the claims administrator denied a request for a wrist splint. The claims administrator stated that the applicant had had 16 sessions of physical therapy, and manipulative therapy in unspecified amounts. The applicant apparently had had electrodiagnostic testing of September 9, 2014 which demonstrated evidence of a mild right-sided median nerve compression with no evidence of diabetic polyneuropathy. The applicant was, however, diabetic, the claims administrator posited, and was apparently using Metformin. The claims administrator invoked Non-MTUS ODG Guidelines from the Knee Chapter to deny the request and further stated that it believed the applicant had already been given a wrist splint which would obviate the need for the current wrist splint. The claims administrator stated that its decision was based on an October 13, 2014 progress note.Electrodiagnostic testing of September 9, 2014 was reviewed and did demonstrate mild right-sided carpal tunnel syndrome without evidence of cervical radiculopathy or diabetic polyneuropathy.In an RFA form dated October 13, 2014, the attending provider stated that he was seeking authorization for a wrist splint for reported carpal tunnel syndrome. In a progress note of the same date, October 13, 2014, the applicant reported ongoing complaints of neck pain and right upper extremity paresthesia. The applicant was using Norco. Tingling about the upper extremity was noted. The applicant was using tramadol. The applicant's medications included tramadol, Norco, Prilosec, naproxen, and Metformin. MRI imaging of the cervical spine and a wrist splint were sought. The wrist splint was being dispensed specifically for treating carpal tunnel syndrome. Naproxen, Prilosec, and tramadol were dispensed while the applicant was given a prescription for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cock up wrist splint (right wrist): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Durable Medical Equipment

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, page 272, splinting is "recommended" as a first-line treatment for carpal tunnel syndrome, the diagnosis reportedly present here. Contrary to what was suggested by the claims administrator, the request for a wrist splint did seemingly represent a first-time request for the wrist splint, initiated on October 14, 2014. There was no mention of the applicant's having previously been given a wrist splint prior to that point in time. It appeared that the applicant's primary pain generator was the cervical spine status post earlier cervical fusion surgery. It appeared that the applicant was first given a diagnosis of carpal tunnel syndrome via electrodiagnostic testing of September 9, 2014. Introduction of wrist splint was indicated on or around the date in question to combat issues with newly-diagnosed carpal tunnel syndrome. Therefore, the request was medically necessary.