

Case Number:	CM14-0193659		
Date Assigned:	12/01/2014	Date of Injury:	12/27/2013
Decision Date:	01/14/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/19/2014

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 Internal 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 patient is an injured worker with the diagnosis of carpal tunnel syndrome. Date of injury was 12-27-2013. Electrodiagnostic medicine evaluation dated 7/21/14 documented nerve conduction studies and electromyography results. Regarding the history, the patient complained of neck pain radiating to both arms, worse on the left with numbness. Physical examination demonstrated sensory intact, strength intact, negative Tinel's, negative Phalen's, and negative Spurling's. Needle electromyography is performed of muscles innervated via the bilateral brachial plexus by nerve roots C5 through T1. Nerve conduction studies (NCS) demonstrated normal NCS with no evidence of bilateral median, radial or ulnar neuropathy, except median neuropathy at both wrists consistent with mild carpal tunnel syndrome. EMG electromyography demonstrated normal EMG with no evidence of bilateral cervical radiculopathy. The medical cardiac clearance dated September 25, 2014 documented a history of hypertension and morbid obesity. Past surgical history was significant for right knee surgery, gastric bypass surgery, and cholecystectomy. The patient is currently taking Acetaminophen and Omeprazole. The patient has no known drug allergy. The patient socially drinks alcohol. She denies tobacco or drug abuse. There is no edema. There is no history of gait imbalance. There is no history of adverse reaction of anesthesia in the past. There is no history of lightheadedness or dizziness. There is no history of shortness of breath. There is no history of wheezing. There is no history of chronic obstructive pulmonary disease. The patient has a history of hypertension. There is no history of chest pains or palpitations. There is no history of congestive heart failure. There is no history of bleeding disorders. There is no history of peripheral vascular disease. There is no history of skin rash. The patient had a follow-up treadmill stress echocardiogram procedure performed, indications being a history of hypertension and morbid obesity, which are cardiac risk factors. The results demonstrated a preserved ejection fraction. The patient also had a follow-up bilateral carotid

ultrasound study performed, indications being a history of hypertension, morbid obesity, and to rule out any vascular disease. The result demonstrated clear bilateral carotid vasculature. The primary treating physician's progress report dated 9/26/14 documented subjective complaints of bilateral wrist pain. Physical examination was not documented. Diagnosis was bilateral carpal tunnel syndrome. Treatment plan included a request for bilateral wrist neoprene sleeve.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Wrist Neoprene Sleeve: 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): 272.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses wrist splinting. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 11 Forearm, Wrist, and Hand Complaints Table 11-7 Summary of Recommendations for Evaluating and Managing Forearm, Wrist, and Hand Complaints (Page 272) indicates that splinting as conservative treatment for CTS carpal tunnel syndrome and strains is recommended. Prolonged splinting leads to weakness and stiffness. Medical records document a diagnosis of carpal tunnel syndrome. The primary treating physician's progress report dated 9/26/14 documented a request for bilateral wrist neoprene sleeve. The 9/26/14 progress report did not document a physical examination. Without documentation of physical examination, the request for bilateral wrist neoprene sleeve is not supported. Therefore, the request for Bilateral Wrist Neoprene Sleeve is not medically necessary.