

<b>Case Number:</b>	CM14-0199233		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	12/27/2010
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 42-year-old male with a 12/27/10 date of injury. At the time (11/6/14) of request for authorization for bilateral wrist splints, there is documentation of subjective (arm/hand pain with sensory changes) and objective (positive Tinel's as well as Phalen's sign over median nerve of the wrist) findings, current diagnoses (carpal tunnel syndrome, chronic low back pain, organic brain syndrome, chronic subdural hematoma, and cervical torticollis), and treatment to date (medications). Medical report identifies a request for wrist splint for carpal tunnel syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Wrist Splints:** Overturned

**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): 271-273; Table 11-7.

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which a wrist brace is indicated (such as: acute, subacute, or chronic CTS; moderate or severe acute or subacute wrist

sprains; acute, subacute, or chronic ulnar nerve compression at the wrist; acute, subacute, or chronic radial nerve neuropathy; scaphoid tubercle fractures; acute flares or chronic hand osteoarthritis; Colles' fracture; or select cases (i.e., patients who decline injection) of acute, subacute, or chronic flexor tendon entrapment), as criteria necessary to support the medical necessity of wrist splinting. Within the medical information available for review, there is documentation of diagnoses of carpal tunnel syndrome, chronic low back pain, organic brain syndrome, chronic subdural hematoma, and cervical torticollis. In addition, given documentation of a request for wrist splint for carpal tunnel syndrome, and subjective (arm/hand pain with sensory changes) and objective (positive Tinel's as well as Phalen's sign over median nerve of the wrist) findings, there is documentation of a condition/diagnosis for which a wrist brace is indicated (acute, subacute, or chronic CTS). Therefore, based on guidelines and a review of the evidence, the request for bilateral wrist splints is medically necessary.