

Case Number:	CM14-0201727		
Date Assigned:	12/12/2014	Date of Injury:	01/11/2013
Decision Date:	01/28/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/02/2014

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:

This is a 48 year old female patient with an injury date of 01/11/2013 and mechanism of injury reported by patient as attributed by repetitive activities at place of employment. There was a note made on 10/2012 she noticed swelling to bilateral hands accompanied by tingling and numbness. The patient also stated not having worked from November-December 2012 due to slow business. She returned to work January of 2013 notified employer of increased bilateral hand swelling and was referred for examination and given the diagnoses of tendinitis. Documentation revealed the patient receiving electrodiagnostic studies leading to another diagnoses of bilateral carpal tunnel and resulting in surgical release performed to the left hand on 09/27/2013. Subsequently, on 12/23/2013 she underwent right sided release with note of symptom of carpal tunnel syndrome. She is undergoing therapy for range of motion and strengthening of that right side without much effect. She continues with persistent complaint of right hand noted with sharp pains, burning sensation and inability to grasp. She was diagnosed with status post bilateral carpal tunnel releases and painful surgical scar right wrist. The patient reported complaint of paresthesia resolved immediately after surgery. An orthopedic follow up visit dated 07/25/2014 described bilateral hand/wrist range of motion within normal limits and recommended massage therapy to right hand scar, requesting authorization for both an MRI and EMG/NCV of upper extremities and follow up in 6 weeks. A request for bilateral carpal tunnel splints was dated 10/22/2014 and the Utilization Review denied the request on 11/19/2014 as not meeting medical necessity requirements.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral carpal tunnel splints: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Carpal Tunnel Syndrome, Splinting.

Decision rationale: Pursuant to the Official Disability Guidelines, bilateral carpal tunnel splinting is not medically necessary. The guidelines recommend carpal tunnel splinting of the wrist in a neutral position night and day as needed, and as an option in conservative treatment. For additional details see the Official Disability Guidelines, Carpal Tunnel Syndrome, Splinting section. In this case, the injured worker's working diagnoses are status postoperative bilateral carpal tunnel release surgery; and painful surgical scar, right wrist. And Agreed upon Medical Examination dated May 20, 2014 states the injured worker had been "wearing wrist braces as directed". The documentation does not state how long the wrist braces had been worn or who prescribed the wrist braces. A progress note dated October 22, 2014 indicates an MRI scan of the right wrist along with nerve conduction studies and x-rays of the right wrist was requested. The injured worker's complaints were right hand/wrist pain, in addition to tingling in the left on her in median nerve distributions. There was no additional workup requested on the left upper extremity. The treating physician requested bilateral carpal tunnel splints to be used during activity, however, based on the documentation a wrist splint to the right wrist was approved. There is no discussion of the prior wrist splints/braces the injured worker had in the May 20, 2014 progress note. Consequently, based on the medical documentation with the right wrist/hand symptoms predominating along with the additional workup requested with the right upper extremity, bilateral carpal tunnel splinting is not medically necessary.