

<b>Case Number:</b>	CM14-0206767		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	01/16/2008
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 Family Practice 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:

56-year-old female claimant sustained a work injury on January 16, 2008 involving the wrist, shoulders and elbows. She was diagnosed with bilateral carpal tunnel syndrome and underwent right carpal tunnel release in December 2010. In addition she was diagnosed with a slap lesion of the left shoulder, left rotator cuff syndrome and bilateral epicondylitis. An MRI of the right wrist in June 2010 showed a possible tear of the triangular fibrocartilage. There was a small structure suggesting a ganglion cyst. A progress note on 11/3/2014 indicated the claimant had tenderness in the right wrist. Tinnel's and Phalen's tests were negative. A request was made for a right wrist volar splint to use during activities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Volar Wrist Splint:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Online (ODG-TWC) Carpal Tunnel Syndrome

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

**Decision rationale:** According to the guidelines splinting is as recommended as first-line treatment for carpal tunnel syndrome. However in this case the claimant did not have findings of carpal tunnel syndrome in the right wrist. There were no Tinel's or Phalen's sign for any muscle atrophy. The request for a volar splint is not medically necessary.