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| Case Number: | CM14-0022781 | | |
| Date Assigned: | 06/11/2014 | Date of Injury: | 07/01/2013 |
| Decision Date: | 03/03/2015 | UR Denial Date: | 02/18/2014 |
| Priority: | Standard | Application Received: | 02/24/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Emergency Medicine

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 37 year old male who suffered a cumulative work injury on 07/29/2013. Diagnoses include repetitive strain injuries bilaterally and carpal tunnel syndrome. The injured worker (IW) had started to develop hand pain and numbness in early 2012. He has a prior history of depression. In a physician note dated 09/24/2013, the physician documents the IW was diagnosed by his personal physician with carpal tunnel syndrome. No medical records were provided for this review. An EMG was done on 09/24/2013 which was normal. Examination revealed tenderness at the wrists on palpation as well as some tenderness in the left trapezius. The IW is not working as he was laid off. In a physician note dated 11/05/2013, the IW had physical therapy authorized but he has not had it arranged. He reports numbness and tingling in his fingers. He has neck pain and some limitation to range of motion to the left. The IW uses medication when the pain is severe. Cervical spine examination was normal. Tinel's sign was normal for the ulnar groove and the wrist bilaterally. Phalen's sign was normal at the wrists bilaterally. There was some lateral forearm pain to palpation. There was some left hand reduced sensation. The injured worker had hand therapy ordered and treatment was started on 11/20/2014. No other records were submitted with this request. The request is for custom fabricated orthosis for the bilateral hands x 2 was on the application dated 2/14/2014. The reason for this request was not submitted. The request for custom fabricated orthosis for the bilateral hands x 2 was non-certified by Utilization Review on 02/18/2014 citing CA MTUS ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

CUSTOM FABRICATED ORTHOSIS FOR BILATERAL HANDS X2 L3808: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-265. Decision based on Non-MTUS Citation Forearm, Wrist and Hand Complaints

Decision rationale: According to ACOEM guideline, night splints are recommended in the early stages of carpal tunnel syndrome treatment. Neutral day splints can be utilized to provide comfort, support and reduce pain. There is not mention of the need for custom orthotic splints. Similarly, ODG guidelines recommend day and night splinting in neutral position during the early phases of conservative therapy. There is no mention of need for customized orthotics. As such, the request for custom orthotics for bilateral hands is not medically necessary