

Case Number:	CM14-0024320		
Date Assigned:	06/11/2014	Date of Injury:	12/14/2010
Decision Date:	01/02/2015	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/26/2014

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 Emergency Medicine, and is licensed to practice in New York. 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 a 48-year-old female who was injured on December 14, 2010. The patient continued to experience pain in her right hand. Physical examination was notable for right hand held in flexed position, tenderness at wrist, and intact sensation. Diagnoses included carpal tunnel syndrome and tenosynovitis hand. Treatment included casting, surgery, and medications. Request for authorization for serial casting to increase right wrist extension was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Serial casting to increase extension right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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; Forearm, Wrist, & Hand, Casting

Decision rationale: Splinting for carpal tunnel syndrome is recommended in neutral position at night & day as needed, as an option in conservative treatment. Use of daytime wrist splints has positive, but limited evidence. Splinting after surgery has negative evidence. Casting is

recommended for displaced fractures. Immobilization is standard for fracture healing although patient satisfaction is higher with splinting rather than casting. Casting is not recommended for carpal tunnel syndrome. The request is not medically necessary.