

Case Number:	CM14-0215794		
Date Assigned:	01/05/2015	Date of Injury:	04/04/2011
Decision Date:	03/16/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/23/2014

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: Utah, Arkansas
 Certification(s)/Specialty: Family Practice

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 injured worker is a 37 year old female who sustained an industrial injury on 04/04/2011. Diagnoses include bilateral carpal tunnel syndrome and is status post right carpal tunnel release on 09/26/2014 and left carpal tunnel release on 02/11/2014. Treatment has included medications, braces, and applies ice packs and pain ointments for pain. Her pain level is 2 out of 10 on the pain scale with taking of Hydrocodone. The prescribing provider is requesting a wrist/thumb immobilizer for the right wrist. On 11/29/2014 the Utilization Review non-certified the request for a wrist/thumb immobilizer for the right wrist, citing California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM).

IMR ISSUES, DECISIONS AND RATIONALES

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

Wrist/Thumb Immobilizer for right wrist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 266. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Treatment in Workers' Compensation; Carpal Tunnel Syndrome

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Summary of recommendation for Forearm, Wrist and Hand Complaints Page(s): 272.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for wrist immobilization. MTUS guidelines state the following: Recommended in first-line conservative treatment for Carpal Tunnel Syndrome. The request as written above is indicated as a medical necessity to the patient at this time.