

Case Number:	CM15-0104680		
Date Assigned:	06/09/2015	Date of Injury:	02/19/2012
Decision Date:	07/09/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/01/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 47-year-old male, who sustained an industrial injury on February 19, 2012, incurring bilateral thumb injuries. He was diagnosed with stenosing tenosynovitis with triggering of both thumbs. Treatment included cortisone injections, work restrictions, ice, muscle relaxants, anti-inflammatory drugs and a proton pump inhibitor. He underwent a surgical Tenovagotomy of the A1 pulley of the right thumb. Currently, the injured worker complained of tenderness and increased residual pain over the A1 pulley of both the right and left thumb. Upon examination, it was noted the injured worker had consistent loss of pinch strength of the right thumb due to pain and upper extremity impairment. The treatment plan that was requested for authorization included a low profile bilateral TMC brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Low-profile bilateral TMC brace Qty:2: 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 Splinting . <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, splinting "Recommend splinting of wrist in neutral position at night & day prn, as an option in conservative treatment. Use of daytime wrist splints has positive, but limited evidence. Splinting after surgery has negative evidence. When treating with a splint, there is scientific evidence to support the efficacy of neutral wrist splints in CTS and it may include full-time splint wear instructions as needed, versus night-only. Carpal tunnel syndrome may be treated initially with a splint and medications before injection is considered, except in the case of severe CTS (thenar muscle atrophy and constant paresthesias in the median innervated digits)". There is no documentation that the patient developed CTS. There is no evidence supporting the need for thumb brace in TMC joint tenderness. Therefore, the request for Low-profile bilateral TMC brace Qty:2 is not medically necessary.