

<b>Case Number:</b>	CM15-0132473		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	04/23/2002
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 62-year-old female, who sustained an industrial injury on 4/23/02. Initial complaints were not reviewed. The injured worker was diagnosed as having carpal tunnel syndrome; lesion of the ulnar nerve; medial epicondylitis; lateral epicondylitis. Treatment to date has included physical therapy; medications. Diagnostic studies included an EMG study upper extremities (5/13/15). Currently, the PR-2 notes dated 6/5/15 indicated the injured worker complains of chronic left wrist pain, chronic right elbow pain and chronic right wrist pain. She has started occupational therapy and it was recommended that she obtain DME - splints/bracing. She is receiving care for cognitive behavioral therapy for mood and coping. She complains of moderate right elbow pain that is constant lateral over the medial elbow that feels worsened. She reports feeling her arm is heavy with usage. She has deep throbbing and aching, stabbing pains deep in the elbow. She has constant numbness to both hands. Her current medications are listed as Mobic 7.5mg twice a day as needed for pain; Cozaar 100mg one daily; Norvasc 2.5mg one per day; Omeprazole DR 20mg one per day and Paxil 10mg one a day. He documents a surgical history for right lateral epicondyle release and bilateral carpal tunnel release (no date or operative records). He includes a physical examination noting the right elbow with no limitations but tenderness to palpation of the lateral and medial epicondyle. She has pain with wrist flexion and extension and a positive Tinel's sign. The right wrist joint reveals atrophy to APB with no limitations in palmer flexion, dorsiflexion, ulnar deviation, radial deviation, pronation or supination. Tinel's is positive for both right and left but no tenderness is noted on palpation for either. An EMG study of the upper extremities dated 5/11/151 indicated right radial neuropathy with motor showing normal upper limbs. No studies above or below the elbow for ulnar. The provider is requesting authorization of cubital comfort brace for the right elbow, right wrist CMC/MCP splint and pre-fab right wrist splint.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Cubital Comfort brace for the right elbow: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 18-19 of updated 2007 edition.

**Decision rationale:** This Cubital Comfort Brace is a form of cubital tunnel splint. Regarding the request for a cubital tunnel splint, the updated ACOEM Chapter 10 states the following on pages 18-19: "Aside from surgical studies, there are no quality studies on which to rely for treatment of ulnar neuropathies, and there is no evidence of benefits of the following treatment options. However, these options are low cost, have few side effects, and are not invasive. Thus, while there is insufficient evidence, these treatment options are recommended: "Elbow padding (Insufficient Evidence (I), Recommended);" Avoidance of leaning on the ulnar nerve at the elbow (Insufficient Evidence (I), Recommended);" Avoidance of prolonged hyperflexion of the elbow (Insufficient Evidence (I), Recommended); and "Although not particularly successful for neuropathic pain, utilization of NSAIDs (Insufficient Evidence (I), Recommended)." Thus the guidelines do not recommend any cubital tunnel splints or braces despite the use of these orthotics in practice. The guidelines only specify for elbow padding and avoidance of certain positions and pressure on the ulnar nerve for ulnar neuropathy at the elbow. Given this, this request is not medically necessary.

### **Right Wrist CMC/MCP 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 (ODG), Elbow (Acute & Chronic) - Splints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand Chapter, Splinting Topic.

**Decision rationale:** With regard to the request for a wrist/cmc/mcp splint, ACOEM Chapter 11 states the following on page 272, Table 11-7: "Splinting as first-line conservative treatment for CTS, DeQuervain's, strains, etc." The guidelines further state that prolonged splinting whether post-operatively or not may lead to weakness. The ODG further elaborates regarding wrist and hand splints that "A recent randomized controlled study concluded that prefabricated wrist working splints are highly effective in reducing wrist pain after 4 weeks of splint wearing in patients with wrist arthritis. (Veehof, 2008) Hand splints can ease arthritis pain, according to a new systematic review. Short and rigid day splints cut hand pain in half after six months of use, according to one high-quality study. Another study found that hand pain was also cut in half by wearing a long rigid splint every night for a year, but the splints usually didn't improve hand function or strength. The findings mean that splints have about the same effect on pain as ibuprofen, the most common drug in osteoarthritis." In this case, there is no clear documentation of why a splint at the MCP/CMC joints is necessary. The ODG state that in general, splinting is

appropriate for fractures, but there has not been any demonstration of finger fracture. Neither has osteoarthritis been demonstrated in the submitted records. Given this, this request is not medically appropriate.

**Pre Fab right wrist splint:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow (Acute & Chronic) - Splints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Splinting.

**Decision rationale:** Regarding the request for a wrist brace for carpal tunnel syndrome, ACOEM Guidelines state that the initial treatment for CTS should include night splints. ODG recommends splinting of the wrist in the neutral position at night as an option in conservative treatment. Within the documentation available for review, the requesting physician has diagnosed carpal tunnel syndrome and examination reveals positive Phalen's test. As such, the current request is medically necessary.