

Case Number:	CM15-0143906		
Date Assigned:	08/04/2015	Date of Injury:	04/10/2013
Decision Date:	09/10/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/24/2015

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: Orthopedic Surgery, Hand Surgery, Sports 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 54-year-old female, who sustained an industrial injury on April 10, 2013. The injured worker was diagnosed as having status-post bilateral carpal tunnel release with residual or recurrent carpal tunnel syndrome, cervical strain-sprain with possible discopathy and bilateral trigger thumb release with residual symptoms. Treatment to date has included surgery, therapy, magnetic resonance imaging (MRI) and medication. A progress note dated June 9, 2015 provides the injured worker complains of headaches, neck stiffness, left forearm and bilateral wrist and hands with weakness of the upper extremity. She reports anxiety and depression resulting in a suicide attempt in August of 2014. Physical exam notes cervical tenderness to palpation with spasm and decreased range of motion (ROM). There is well healed surgical scarring bilaterally of the wrists and hands with tenderness to palpation, positive Tinel's and Phalen's test and decreased range of motion (ROM). There is bilateral decreased sensation of the upper extremity median nerve with decreased strength. Review of magnetic resonance imaging (MRI) studies reveals left wrist carpi ulnaris tendon tear, tenosynovitis, and right tendinosis of carpi ulnaris tendon and possible recurrent carpal tunnel syndrome. The recommendation is for repeat carpal tunnel release. There is a request for post-operative wrist splints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative wrist splints: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-7. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Section.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: This is a request for bilateral wrist splints for a patient who has undergone failed bilateral carpal tunnel release and in who repeat bilateral carpal tunnel release is planned. The California MTUS notes, "Two prospective randomized studies show no beneficial effect from postoperative splinting after carpal tunnel release when compared to a bulky dressing alone. In fact, splinting the wrist beyond 48 hours following carpal tunnel release may be largely detrimental, especially compared to a home therapy program." Prolonged splinting after carpal tunnel release surgery is not medically necessary.