

<b>Case Number:</b>	CM15-0145330		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	07/05/2011
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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 49 year old female who sustained a work related injury July 5, 2011. Past history included removal of benign nodule-thyroid, February 2015. According to a physician's progress notes, dated June 23, 2015, the injured worker presented with complaints of continued increasing pain bilaterally, radiating into the proximal forearm. She reports pain at the lateral elbows. Physical examination revealed range of motion of the elbow, forearm, wrist and digits are within normal limits. There is tenderness to the common extensor origins bilaterally, the left greater than the right, with mild increase in pain with resisted wrist extension. Carpal tunnel compression testing and Phalen's testing bilaterally produces almost immediate numbness and tingling. Tinel's sign is negative bilaterally. There is no significant thenar atrophy although weakness of the thenar is present. There is minimal tenderness to the A1 pulley of the long finger on the right. Light touch is intact to screening although there is a subjective decrease in sensation noted. Assessment is documented as right moderate carpal tunnel syndrome with progressive nerve conduction test findings; left moderate to severe carpal tunnel syndrome; resolved right long finger retinacular cyst, status post one injection; bilateral lateral epicondylitis. At issue, is the request for authorization for a post-operative bilateral custom splint.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op custom splint-bilateral:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints.

**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 in whom bilateral carpal tunnel release surgery 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." Splinting after carpal tunnel release surgery is not medically necessary.