

Case Number:	CM15-0147017		
Date Assigned:	08/07/2015	Date of Injury:	02/16/2015
Decision Date:	09/04/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/28/2015

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 48-year-old female, who sustained an industrial injury on 2-16-15. The injured worker has complaints of continuous neck burning sensation pain radiating into the right upper extremity; intermittent low back pain with pain radiating into the right lower extremity; right shoulder pain and continuous right hand pain. The documentation noted that there is tenderness to palpation of the cervical paravertebral muscles and muscle spasm of the cervical paravertebral muscles. Lumbar spine examination revealed there is tenderness to palpation of the lumbar paravertebral muscles and there is muscle spasm of the lumbar paravertebral muscles. Right shoulder examination revealed there is tenderness to palpation of the anterior shoulder and the right hand has swelling and atrophy. The documentation noted that the carpal compression is positive. The diagnoses have included cervical myospasm; cervical sprain and strain; lumbar myospasm; lumbar sprain and strain; right shoulder bursitis; right shoulder impingement syndrome and right shoulder sprain and strain. Treatment to date has included electromyography / nerve conduction velocity study of the bilateral upper extremities showed bilateral mild carpal tunnel syndrome; acupuncture; topical medications; tramadol; gabapentin and cyclobenzaprine. The request was for one purchase of right wrist splint.

IMR ISSUES, DECISIONS AND RATIONALES

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

One purchase of 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 - Treatment for Workers' Compensation, Online Edition, 2015, Chapter: Forearm, Wrist, & Hand (Acute & Chronic).

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, Occupational Medicine Practice 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 identified positive carpal compression test as well as a positive electrodiagnostic studies. As such, the currently requested wrist brace for carpal tunnel syndrome is medically necessary.