

<b>Case Number:</b>	CM15-0149387		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	04/27/2011
<b>Decision Date:</b>	09/14/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 27-year-old who has filed a claim for chronic neck, wrist, hand, and shoulder pain with derivative complaints of depression, anxiety, and insomnia reportedly associated with an industrial injury of April 27, 2011. In a Utilization Review report dated July 29, 2015, the claims administrator failed to approve a request for a right wrist splint. The claims administrator referenced a June 17, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. In a handwritten progress note dated June 2, 2015, unspecified oral and topical medications were renewed. The applicant was asked to pursue extracorporeal shock wave therapy, a knee brace, and a hand specialist consultation. The note was very difficult to follow and not altogether legible. On May 7, 2015, the applicant was given diagnosis of mild carpal tunnel syndrome. Bilateral wrist splints were endorsed. The applicant was placed off of work, on total temporary disability. Corticosteroid injection to an unspecified body part was performed. The attending provider referenced an undated electrodiagnostic testing of the upper extremities suggestive of a chronic left C6 radiculopathy and mild bilateral carpal tunnel syndrome. The applicant was described as having superimposed issues with anxiety present, it was reported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right wrist splint:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Splinting.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

**Decision rationale:** Yes, the proposed wrist splint was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272, splinting is "recommended" as a first-line conservative treatment for carpal tunnel syndrome, i.e., the diagnosis reportedly present here. The attending provider's documentation did seemingly suggest that the applicant had been recently diagnosed with mild carpal tunnel syndrome in 2015. Introduction of the wrist splint was, thus, indicated to ameliorate the same. Therefore, the request is medically necessary.