

Case Number:	CM15-0166841		
Date Assigned:	09/04/2015	Date of Injury:	10/15/1998
Decision Date:	10/09/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/25/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 60 year old female, who sustained an industrial injury on 10-15-1998. She reported injuries to her neck, shoulders, upper back and hands due to lifting a patient. Diagnoses have included cervical sprain-strain, thoracic sprain-strain, left and right shoulder bursitis, right recurrent carpal tunnel syndrome and left carpal tunnel syndrome. Treatment to date has included physical therapy, surgery and medication. According to the progress report dated 7-30-2015, the injured worker complained of continuous neck pain radiating into her bilateral upper extremities. She complained of intermittent upper back pain. She complained of intermittent right and left shoulder pain. She complained of frequent right and left hand pain. Physical exam revealed tenderness to palpation to the palmar aspects of the right and left hands. There was tenderness to palpation of the cervical and thoracic paravertebral muscles. Authorization was requested for bilateral wrist splints, dispensed 07-30-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Bilateral wrist splints, dispensed 07/30/15: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Guidelines - Carpal Tunnel Syndrome.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care.

Decision rationale: Guidelines recommend splinting for acute carpal tunnel syndrome but not recommended for sub-acute and chronic hand, wrist and forearm disorders. In this case, the patient is *s/p* carpal tunnel release in 2009. The request for bilateral wrist splints is not medically appropriate and necessary.