

<b>Case Number:</b>	CM15-0168460		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	11/17/2010
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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

### 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 65 year old female, who sustained an industrial injury on 11-17-10. The injured worker was diagnosed as having cervical sprain-strain of neck, wrist sprain-strain, carpal tunnel syndrome and lumbar sprain-strain. Treatment to date has included transcutaneous electrical nerve stimulation (TENS) unit, home exercise program, oral medications including Omeprazole 20mg, Gabapentin and Naproxen; topical LidoPro ointment and activity modifications. On 6-18-15 and 7-15-15, the injured worker complains of continued neck pain, wrist pain and low back pain rated 5 out of 10. She reports the neck pain radiates to fingers with numbness and tingling sensation, low back pain radiates to lower extremities intermittently and she also has bilateral shoulder pain which affects her regular activities of daily living. She notes the medications provide 50% relief in pain and improve function. She is not working. Physical exam performed on 6-18-15 and 7-15-15 revealed tenderness to palpation in cervical paraspinal muscles with hypertonicity of left trapezius and tenderness to palpation in lumbar paraspinal muscles. The treatment plan included refilling of oral medications, transcutaneous electrical nerve stimulation (TENS) patches, topical LidoPro ointment, continuation of home exercise program and transcutaneous electrical nerve stimulation (TENS) unit. A request for authorization was submitted on 8-4-15 for dynamic closure wrist splint. On 8-11-15, utilization review non-certified bilateral dynamic closure wrist splints noting there is no mention in CA MTUS of splinting for treatment of carpal tunnel syndrome and the injured worker does not have stiffness or contractures of the wrist.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Purchase of dynamic closure wrist splints for bilateral wrist/hand: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist Chapter, under Splinting.

**Decision rationale:** The patient presents on 08/04/15 with pain in the neck, wrists, and lower back. The patient's date of injury is 11/17/10. Patient has no documented surgical history directed at these complaints. The request is for PURCHASE OF DYNAMIC CLOSURE WRIST SPLINTS FOR BILATERAL WRIST/HAND. The RFA is dated 08/04/15. Physical examination dated 08/04/15 reveals tenderness to palpation of the cervical and lumbar paraspinal muscles, with hypertonicity of the left trapezius noted. No examination findings pertinent to this patient's wrist complaint are provided. The patient is currently prescribed Naproxen, Lidopro, Omeprazole, and Gabapentin. Patient is currently not working. Regarding wrist bracing, ACOEM Guidelines, chapter 11, page 265 states, "When treating with splints and CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting would be used at night and may be used during the day depending upon activity." ODG, Wrist Chapter, under Splinting, states: Recommend splinting of wrist in neutral position at night & day prn, as an option in conservative treatment. In regard to the dynamic closure wrist splints for this patient's bilateral carpal tunnel syndrome, the request is appropriate. There is no evidence in the documentation provided that this patient has been issued any wrist-bracing devices to date. While ODG does not discuss this particular type of wrist bracing, the guidelines do support neutral-position wrist splinting as an appropriate conservative treatment. Given this patient's continuing wrist complaint, the issuance of neutral-position wrist splinting is a conservative option which could help reduce pain and improve function. Therefore, the request IS medically necessary.