

Case Number:	CM15-0186675		
Date Assigned:	09/28/2015	Date of Injury:	02/07/2014
Decision Date:	11/06/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/22/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 53 year old female, who sustained an industrial injury on 2-7-14. The injured worker was diagnosed as having bilateral carpal tunnel syndrome and status post right carpal tunnel release on 4-27-15. Treatment to date has included right carpal tunnel release, physical therapy, acupuncture, and medication including Norco and Tylenol. Physical examination findings on 7-2-15 included tenderness to the right wrist incision and thenar eminence. Right hand range of motion was limited and decreased median nerve sensation was noted bilaterally. Grip was decreased bilaterally. Left wrist pain was noted with extending the extensor muscles. Tinel's and Phalen's signs were positive on the left. On 7-2-15, the injured worker complained of pain in bilateral hands. On 8-6-15, the treating physician requested authorization for the purchase of bilateral wrist splints. On 9-8-15, the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral wrist splints purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic), Splinting.

Decision rationale: Per the cited ACOEM and ODG, splinting as first-line conservative treatment for carpal tunnel syndrome (CTS) is recommended. In addition, the splinting of the wrist should be in a neutral position at night and day as needed. However, the literature states that there is no beneficial effect from postoperative splinting after carpal tunnel release when compared to a bulky dressing alone. Furthermore, splinting the wrist beyond 48 hours following CTS release may be detrimental when compared to a home therapy program. In the case of this injured worker, she has a history of bilateral CTS and is having persistent symptoms following conservative and surgical treatment. The use of wrist splint may be reasonable for treatment of her left wrist; however, based on the cited guidelines, postsurgical use of a wrist splint for the right wrist would not be recommended. Therefore, the request for purchase of bilateral wrist splints is not medically necessary and appropriate.