

Case Number:	CM15-0188261		
Date Assigned:	09/30/2015	Date of Injury:	09/27/2012
Decision Date:	11/10/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/24/2015

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: 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 51 year old male who sustained an industrial injury on 09-27-2012. According to the most recent progress report submitted for review and dated 08-17-2015, the injured worker reported bilateral upper extremity pain. Treatment to date has included shoulder surgeries. The provider noted that the left shoulder had not done well with the procedure and that the injured worker continued with significant difficulty with his left shoulder. He developed progressive numbness to both the right and left arms. Symptoms were worsened at night. Pain would radiate all the way to the elbow more so on the right as compared to the left. He reported burning pain. Lyrica was "mildly helpful". Treatment has also included cortisone injection to the right and left carpal tunnels and therapy. Assessment included right and left carpal tunnel syndrome, status post bilateral shoulder subacromial decompression and distal clavicle resection and status post left shoulder capsular release and debridement of scuff lesion of the rotator cuff with persistent weakness. The injured worker received a diagnostic and therapeutic injection to the left shoulder subacromial space. He subsequently had persistent rotator cuff weakness in external rotation with the elbow at the side. An MR arthrogram was recommended to rule out a progressive rotator cuff tear on the left. The injured worker wished to proceed with carpal tunnel surgery. On 09-01-2015, Utilization Review non-certified the request for post-op bilateral custom splints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op bilateral custom splints (CTR): Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

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

Decision rationale: The requested Post-op bilateral custom splints (CTR), is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) The American College of Occupational and Environmental Medicine (ACOEM) Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Forearm, Wrist and Hand Complaints, pg. 265 noted: "When treating with a splint in CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night, and may be used during the day, depending upon activity." The injured worker has progressive numbness to both the right and left arms. Symptoms were worsened at night. Pain would radiate all the way to the elbow more so on the right as compared to the left. He reported burning pain. Lyrica was "mildly helpful". Treatment has also included cortisone injection to the right and left carpal tunnels and therapy. Assessment included right and left carpal tunnel syndrome, status post bilateral shoulder subacromial decompression and distal clavicle resection and status post left shoulder capsular release and debridement of scuff lesion of the rotator cuff with persistent weakness. The treating physician has not documented the medical necessity for custom splints versus standard, off-the-shelf splints. The criteria noted above not having been met, Post-op bilateral custom splints (CTR) is not medically necessary.