

<b>Case Number:</b>	CM15-0189639		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	10/07/2010
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: 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:

This 57 year old woman sustained an industrial injury on 10-7-2010. Diagnoses include cervical radiculopathy, right shoulder impingement syndrome with degenerative joint disease, severe carpal tunnel syndrome, and rule out cubital tunnel syndrome. Treatment has included oral medications, bracing, and physical therapy. Physician notes dated 4-7-2015 show complaints of cervical spine pain rated 8 out of 10 with radiation to the bilateral upper extremities with associated headaches and tension between the shoulder blades, bilateral wrist pain rated 8 out of 10, and right shoulder pain rated 7 out of 10. The physical examination shows a normal gait, paravertebral muscle tenderness with spasm, positive axial load compression test, positive Spurling's maneuver, range of motion is "limited" with pain and without measurements, tightening and numbness in the lateral forearm of the hand, 4 out of 5 strength in the upper extremities, and triceps reflexes are asymmetric. The right shoulder shows tenderness, positive impingement signs, and painful rotator cuff. The bilateral wrists are tender, positive palmar compression test, Tinel's sign, and Finkelstein's sign, tenderness in the first carpometacarpal joint with positive grinding, full and painful range of motion, weak grip, no evidence of instability, no swelling, and diminished sensation in the radial digits. Recommendations include cervical spine MRI, pain management consultation and surgical intervention to the wrists including pre- operative clearance. Utilization Review denied a request for bilateral wrist sling on 9-8-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral wrist sling-purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Per MTUS guidelines, two prospective randomized studies show no beneficial effect from postoperative splinting after carpal tunnel release when compared to a bulky dressing alone. In fact, splinting the wrist beyond 48 hours following CTS release may be largely detrimental, especially compared to a home therapy program. The request for bilateral wrist sling-purchase is determined to not be medically necessary.