

Case Number:	CM15-0196437		
Date Assigned:	10/12/2015	Date of Injury:	01/28/2011
Decision Date:	11/30/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/06/2015

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: Texas, New York, 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:

The applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic wrist pain reportedly associated with an industrial injury of January 26, 2011. In a Utilization Review report dated September 3, 2015, the claims administrator failed to approve a request for carpal tunnel syndrome splint for the right wrist. The claims administrator referenced a progress note and an associated RFA form of August 25, 2015 in its determination. The applicant's attorney subsequently appealed. On a handwritten note dated July 28, 2015, the applicant reported ongoing multifocal complaints of wrist, hand, and neck pain. The note was very difficult to follow and not altogether legible. Norco and Soma were renewed. The applicant was asked to pursue additional acupuncture. The applicant had received a cervical epidural steroid injection, it was reported. The applicant was returned to regular duty work (on paper), it was stated, although it was not clear whether the applicant was or was not working. On an RFA form dated August 25, 2015, Norco, Soma, and the carpal tunnel syndrome (CTS) splint in question were endorsed. On an associated progress note dated August 25, 2015, the applicant was given diagnoses of sprain of the neck, tension headache, and elbow epicondylitis. A carpal tunnel splint, Norco, and Soma were endorsed. The note was thinly and sparsely developed. It was not clearly stated how the diagnosis of carpal tunnel syndrome had been arrived upon. The applicant was described as having a positive Phalen sign with negative Tinel sign about the wrist. There was, however, no seeming mention of the applicant's having upper extremity paresthesias on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

CTS splint for the right wrist: 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): Summary.

Decision rationale: No, the request for a carpal tunnel syndrome splint for the wrist was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 does recommend splinting as a first-line treatment for carpal tunnel syndrome, de Quervain's tenosynovitis, strains, and the like, here, however, the attending provider's handwritten progress note of August 25, 2015 was thinly and sparsely developed, difficult to follow, not entirely legible, and did not clearly state how the diagnosis of carpal tunnel syndrome had been arrived upon. Subjective complaints were not clearly detailed or characterized. It was not clearly established whether the claimant had in fact had symptoms of upper extremity paresthesias and/or positive electrodiagnostic testing which would have helped to establish a diagnosis of carpal tunnel syndrome. Therefore, the request was not medically necessary.