

Case Number:	CM15-0197760		
Date Assigned:	10/13/2015	Date of Injury:	07/12/2013
Decision Date:	11/20/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/08/2015

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: North Carolina

Certification(s)/Specialty: 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 female individual who sustained an industrial injury on 7-12-13. She is not working. The medical records indicate that the injured worker has been treated for right recurrent carpal tunnel syndrome; right volar radial wrist ganglion; trigger finger; right de Quervain's tenosynovitis; rheumatoid arthritis. She currently (8-31-15) is 6 weeks post-operative right open carpal tunnel release and ganglion cyst excision. She is healing and undergoing physical therapy. She had an electromyography which was normal and nerve conduction study bilateral upper extremities (2-23-15) showing residual bilateral carpal tunnel syndrome. She has been treated with right carpal tunnel release (7-22-15); right carpal tunnel release (9-13-13); left carpal tunnel release (12-4-13); medications: methotrexate, prednisone, Pepcid, Opium with Tincture, Bentyl, and magnesium; physical therapy; paraffin wax baths; bilateral hand pillow splints at night; spica splints during the day. The request for authorization was not present, on 9-23-15 Utilization Review non-certified the request for custom wrist Cock-Up right.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom wrist cock up right: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The ACOEM chapter on wrist complaints does recommend the use of splints in the treatment of carpal tunnel syndrome. The [patient does have a diagnosis of carpal tunnel syndrome as well as EMG evidence of carpal tunnel syndrome. The patient also is symptomatic of carpal tunnel syndrome. Therefore, the request for a wrist splint for the right wrist is medically necessary.