

<b>Case Number:</b>	CM15-0202104		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	06/24/2015
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 43 year old male, who sustained an industrial injury on 6-24-2015. A review of the medical records indicates that the injured worker is undergoing treatment for right thumb pain, right hand pain, right carpal tunnel syndrome, right tendon laceration status post repair, mallet finger status post repair, and open wound right thumb. On 9-14-2015, the injured worker reported persistent pain in the right upper extremity with numbness, weakness, and tingling in the right hand and right thumb pain. The Treating Physician's report dated 9-14-2015, noted the injured worker was not taking any medications nor currently active with physical therapy. The physical examination was noted to show the right upper extremity with severely decreased range of motion (ROM) of the right thumb as well as the right wrist, unable to bend the right thumb DIP or PIP joints. The wrist was noted to have limited mobility with pain to palpation throughout the right thumb as well as the right wrist, and positive carpal tunnel compression test, Phalen's test, and Tinel at the carpal tunnel. Prior treatments have included physical therapy, splinting, and right thumb surgery. The treatment plan was noted to include Naproxen and Omeprazole dispensed, requests for Gabapentin, Lidopro cream, x-rays of the right hand and wrist, an electromyography (EMG)-nerve conduction study (NCS) of the right upper extremity, and a brace for the right upper extremity for the carpal tunnel syndrome. The injured worker's work status was noted to be unable to perform his usual work. The request for authorization dated 9-14-2015, requested a right carpal tunnel brace. The Utilization Review (UR) dated 9-24-2015, non-certified the request for a right carpal tunnel brace.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **Right Carpal Tunnel Brace: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Carpal Tunnel Syndrome.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): General Approach, Initial Assessment, Medical History, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Physical Methods, Job Analysis, Work Activities, Follow-up Visits, Special Studies, Surgical Considerations, Summary, References.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a wrist brace. MTUS guidelines state the following: 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 clinical documents state that the patient has a diagnosis of carpal tunnel syndrome. According to the clinical documentation provided and current MTUS guidelines; a wrist brace is indicated as a medical necessity to the patient at this time.